



MISSOURI DEPARTMENT OF
REVENUE
Request for Receipt of Title
or Registration

Validation

Owner or joint owner of a motor vehicle, watercraft, or outboard motor may complete this application for receipt of payment only. For a duplicate title, refer to the Application for Missouri Title and License, (**Form 108**). **This form must be notarized.**

Requesting: Title Receipt (Showing Tax Paid) Registration Receipt (Showing Purchase of License)
Reason: Destroyed Lost Mutilated Stolen

Applicant

Owner's Legal Name _____ Phone Number (_____)_____-_____
Address _____ City _____ State _____ Zip Code _____

Vehicle, Watercraft, or Outboard Motor

Year _____ Make _____ Kind of Vehicle _____ Plate Number _____ Expiration Year _____
Title Number _____ Vehicle Identification Number (VIN), Hull Identification Number (HIN), or Outboard Motor Identification Number (OBIN) _____

Mailing and Fax Information

Would you like the requested information to be sent somewhere other than to the record holder's address listed above? Yes No
If yes, how would you like it to be sent?
 Mail (provide address) Fax (add \$0.50 per page faxed; provide fax number) Email (provide email address) Certified Record

Name _____ Agency Name (if applicable) _____ Fax Number (_____)_____-_____
Address _____ City _____ State _____ Zip Code _____
Email Address _____

Payment Options

The total fees for a title or registration receipt is \$8.50 for each receipt made and a \$6.00 processing fee. The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. A convenience fee of 2.0% + \$0.25 will be charged for each credit or debit card transaction.

	Cash	Check	Money Order	Debit Card	Discover	Visa	American Express	Mastercard
Central Office Visit	✓	✓	✓	✓	✓	✓	✓	✓
Mail		✓	✓		✓	✓	✓	✓
Fax or E-Mail					✓	✓	✓	✓

If you are paying by credit or debit card you must provide the following:

Name (as it appears on card) _____ Card Type _____ Card Number _____ Expiration Date ____/____/____

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature of Owner _____ Printed Name _____ Date (MM/DD/YYYY) ____/____/____

Notary Information Required

Note: License Office notary service - \$2.00

Embosser or black ink rubber stamp seal _____

Subscribed and sworn before me, this _____ day of _____ year
State _____ County (or City of St. Louis) _____ My Commission Expires (MM/DD/YYYY) ____/____/____
Notary Public Signature _____
Notary Public Name (Typed or Printed) _____

Form 2519 (Revised 09-2022)

Mail to: Motor Vehicle Bureau
P.O. Box 2048
Jefferson City, MO 65105-2048

Phone: (573) 526-3669
Fax: (573) 751-7060
E-mail: mvrecords@dor.mo.gov

Visit <http://dor.mo.gov>
for additional information.

