



MISSOURI DEPARTMENT OF
REVENUE
Statement of Vehicle Sold (Accident)

Seller(s) Information	Name			Driver License Number	
	Street Address		City	State	Zip Code
Sale Information	Vehicle Year	Make	Model	Vehicle Identification Number	
	Full Name of Vehicle Purchaser(s)			Date Vehicle Was Sold (MM/DD/YYYY) ____ / ____ / _____	
Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.				
	Signature			Date (MM/DD/YYYY) ____ / ____ / _____	

Form 5026 (Revised 02-2014)

Mail To: Driver License Bureau
P.O. Box 200
Jefferson City, MO 65105-0200

Phone: (573) 751-7195
Fax: (573) 526-7365
E-mail: dlbmail@dor.mo.gov

Visit www.dor.mo.gov/drivers
for additional information.

