



Please Type or Print

Complete the information below and return this form to the address shown above. This request must be received at least 30 days before the recreational vehicle (RV) show or exhibit.

Dealership Information	Name of Dealership Requesting Permission to Participate in RV Show or Exhibit				
	Dealership Address		City	State	Zip Code
	State in Which Dealer is Currently Licensed	Telephone Number (____)____-____	Fax Number (____)____-____		

Show or Exhibit Information	Name of RV Show or Exhibit				
	Street Address		City	State	Zip Code
	Date of RV Show or Exhibit (MM/DD/YYYY) ____/____/____ through ____/____/____				
<p>Select the appropriate box and complete the information below:</p> <p><input type="checkbox"/> RV Show or Exhibit with less than 50 dealers participating — the criteria below must be met.</p> <ol style="list-style-type: none"> The RV manufacturer, _____, for which I am franchised, has approved my participation; The show or exhibit will have a minimum of ten RV dealers licensed in Missouri participating; More than 50% of the RV dealers participating are licensed in Missouri; and My dealership is currently licensed in a state that borders Missouri and permits Missouri RV dealers to participate in RV shows and exhibits conducted in said state, with substantially the same requirements. <p><input type="checkbox"/> RV Show or Exhibit with 50 or more dealers participating — the criteria below must be met.</p> <ol style="list-style-type: none"> The RV Show or Exhibit is trade oriented; and The RV Show or Exhibit is predominantly funded by the RV manufacturers. 					

Signature	I certify under penalty of perjury that I qualify to participate in the recreational vehicle show to be conducted in Missouri at the address and date(s) shown above. I further certify that the show meets the required criteria. I understand that failure to comply with the criteria may result in a fine of up to \$1,000.	
	Dealership Owner, Partner, or Corporate Officer (Signature Required)	
	Printed Name	Date (MM/DD/YYYY) ____/____/____

Office Use Only	Approved By	Date (MM/DD/YYYY) ____/____/____
	Disapproved By	Date (MM/DD/YYYY) ____/____/____

Form 5132 (Revised 07-2014)

Mail to: Dealer Licensing Section
P.O. Box 43
Jefferson City, MO 65105-0043

Phone: (573) 526-3669
Fax: (573) 751-4789
E-mail: dealerlic@dor.mo.gov

Visit http://dor.mo.gov/forms/Dealer_Operating_Manual.pdf for additional information.

