



Complete this form to request a copy of your title or registration record information.

Record Holder's Information

First Name	Middle Initial	Last Name
Business or Owner Name(s) displayed on requested title record		Daytime Telephone Number (____) ____-____
Mailing Address	City	State ZIP Code

Requested Record

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)		
I am requesting the following information <input type="checkbox"/> Last title record issued to me for requested VIN/HIN/OBIN <input type="checkbox"/> All title records issued to me for requested VIN/HIN/OBIN <input type="checkbox"/> Last registration record issued to me for requested VIN/HIN/OBIN <input type="checkbox"/> All registration records issued to me for requested VIN/HIN/OBIN <input type="checkbox"/> Other (specify below)				

Mailing & 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) E-mail (provide e-mail address) Certified Record

Name	Agency Name (if applicable)	Fax Number (____) ____-____
Address	City	State ZIP Code
E-mail Address		

Payment Options and Signature

Records can be obtained by walk-in, mail-in, or e-mail request. The fee is \$2.82 per record. A convenience fee of 2.0% + \$0.25 will be charged for each credit or debit card transaction. The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. You may visit us at Central Office, Harry S Truman Building, Room 370, 301 West High Street, Jefferson City, Missouri.

	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 __/__/__
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Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I authorize the Department of Revenue to send the requested record where I designated above.

Record Holder's Signature	Printed Name	Date (MM/DD/YYYY) __/__/____
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Notary Information

Note: License Office notary service - \$2.00

Embossed 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)			

