



MISSOURI DEPARTMENT OF  
**REVENUE**  
 Owner - Out-of-State Title Request

**Vehicle owner and lienholder:** When an individual relocates to the state of Missouri they are required to transfer ownership of their vehicle or unit from the previous state of residence to Missouri within 30 days of becoming a Missouri resident. To obtain a Missouri title, the ownership document must be surrendered to the Missouri Department of Revenue.

\*If the lienholder is in possession of the title, the owner should obtain the title from the lienholder prior to applying for title.

\*If the lienholder refuses or is unable to release the title to the owner, the lienholder should provide the owner:

A statement on letterhead indicating the title will not be released to the owner or this completed form and one of the following:

- A copy of the front and back of the title;
- A copy of the title receipt from an electronic issuing state; or
- A statement from the lienholder indicating the title is held electronically.

Once the owner has received the original ownership document or the statement indicating the title will not be surrendered to the owner and required documents as outlined above, the owner is eligible to apply for a Missouri title and registration.

When documents other than the original title are surrendered at the time of application, a one-year non-renewable registration will be issued. In this case, a Notice to Lienholder letter will be sent from the Department of Revenue informing the lienholder that an application for Missouri title has been made. This letter will request the original title be submitted to the Department. **Please do not mail this form or the original ownership document to the Department prior to receiving the official Notice to Lienholder letter.**

The lien will remain in force and the lien will appear on the face of the Missouri title when issued. Missouri titles are mailed to the owner, unless requested to be mailed to the lienholder.

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                               |                                                  |                                 |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------|--------------------------------------------------|---------------------------------|
| <b>Owner Information</b>                             | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Email Address                 |                                                  |                                 |
|                                                      | Missouri Street, Rural Route, or P.O. Box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                               | Telephone Number<br>(____) ____ - ____           |                                 |
|                                                      | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                | Zip Code                      | County                                           |                                 |
|                                                      | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                               | Date (MM/DD/YYYY)<br>__/__/____                  |                                 |
| <b>Vehicle/Unit</b>                                  | Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Make                                 | Model                         | Identification Number                            |                                 |
|                                                      | State or Jurisdiction of Current Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                               | Purchase Date (MM/DD/YYYY)<br>__/__/____         |                                 |
| <b>Lienholder(s) Information &amp; Authorization</b> | First Lienholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                               |                                                  |                                 |
|                                                      | Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | City                          | State                                            | Zip Code                        |
|                                                      | <p>If the lienholder is unable to release the title to the owner, the lienholder may complete and notarize this section of the form to be used in place of the refusal statement.</p> <p>I declare I am an authorized agent of the lienholder and certify the following:</p> <p><input type="checkbox"/> The current lienholder of record is in possession of the title for this unit. The original title will not be released to the owner. This signed and notarized form and a copy of the front and back of the current title is being returned to the owner above.*</p> <p><input type="checkbox"/> The current title is held electronically.</p> <p>This signed and notarized form and a copy of the electronic title receipt or a statement on lienholder letterhead indicating that the title is held electronically is being returned to the vehicle owner above.*</p> <p><b>* Mail completed form and documents to the owner, please do not mail to the Department of Revenue.</b></p> |                                      |                               |                                                  |                                 |
|                                                      | Signature of Lienholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | Printed Name                  |                                                  | Date (MM/DD/YYYY)<br>__/__/____ |
| <b>Notary Information</b>                            | 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)<br>__/__/____ |                                 |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public Signature              |                               |                                                  |                                 |
| Notary Public Name (Typed or Printed)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                               |                                                  |                                 |

Form 5834 (Revised 12-2020)