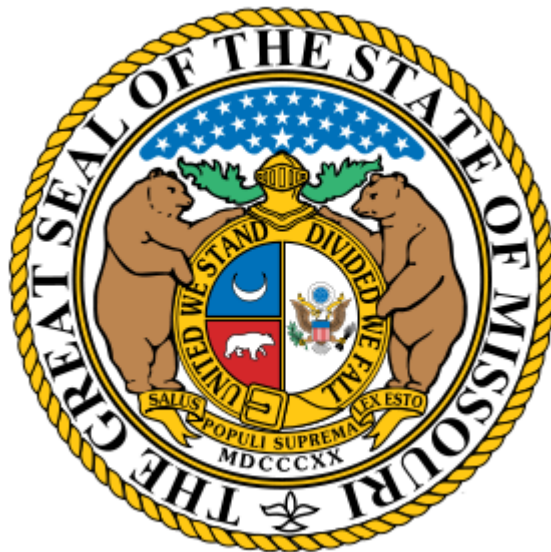


# TITLING AND LICENSING INSTRUCTIONS FOR OFFICIAL VEHICLES



Missouri Department of Revenue  
Motor Vehicle Bureau  
P.O. Box 100  
Jefferson City, MO 65105  
Phone: (573) 751-5709

NOVEMBER 2013

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## SECTION I - STATE DEPARTMENTS ELIGIBLE FOR OFFICIAL LICENSE PLATES

State Departments must title motor vehicles in the specific Department's name, as follows, to provide consistency when titling using state of Missouri official license plates. For example, motor vehicles owned by the Department of Revenue, Taxation Division should be titled Missouri Department of Revenue, not Taxation Division.

DEPARTMENT NAME	DEPARTMENT CODE
<b>Missouri Elected Officials:</b>	
Missouri Governor's Office	1
Missouri Lieutenant Governor's Office	2
Missouri Secretary of State's Office	3
Missouri Auditor's Office	4
Missouri Treasurer's Office	5
Missouri Attorney General's Office	6
<b>Missouri State Government Offices:</b>	
Missouri Office of Administration	10
Missouri Department of Agriculture	11
Missouri Department of Conservation	12
Missouri Department of Corrections	13
Missouri Department of Economic Development	14
Missouri Department of Elementary & Secondary Education	15
Missouri Department of Health	16
Missouri Department of Higher Education:	17
• Crowder College	CC
• Harris-Stowe State College	HSSU
• Lincoln University	LU
• Linn State Technical College	LSTC
• Metropolitan Community Colleges	MCC
• Mineral Area College	MAC
• Missouri Southern State University – Joplin	MSSU
• Missouri State University – Springfield	MSU
• Missouri University of Science and Technology – Rolla	MST
• Missouri Western State College	MWSU
• Northwest Missouri State University – Maryville	NWMS
• Ozarks Technical Community College	OTC
• Southeast Missouri State University – Cape Girardeau	SE
• State Fair Community College	SFCC
• Truman State University – Kirksville	TSU
• University of Central Missouri – Warrensburg	UCMO
• University of Missouri – Columbia	MZU
• University of Missouri – Hospitals	UHC
• University of Missouri – Kansas City	UMKC
• University of Missouri – St. Louis	UMSL
• University of Missouri – Systems	UMS

DEPARTMENT NAME	DEPARTMENT CODE
Missouri Department of Transportation	18 & 19
Missouri Department of Insurance	20
Missouri Department of Labor & Industrial Relations	21
Missouri Department of Mental Health	22
Missouri Department of Natural Resources	23
Missouri Department of Public Safety	24
Missouri Department of Revenue	25
Missouri Department of Social Services	26
Missouri Consolidated Health Care Plan	27
State Court Administration (Judiciary)	28
Missouri House of Representatives (Elected officials)	29
Missouri Senate (Elected officials)	29
Missouri State Lottery	30
Missouri State Tax Commission	31
Missouri Office of Administration – Fleet Group	32
Missouri Office of Administration – Pool Group	33

*Entities eligible for official plates, but not yet assigned a Department code:*

- ◆ Missouri Supreme Court (Elected Officials)
- ◆ Missouri State Employees' Retirement System
- ◆ East Central College
- ◆ Jefferson College
- ◆ Moberly Area Community College
- ◆ North Central Missouri College
- ◆ St. Charles Community College
- ◆ St. Louis Community Colleges – Florissant Valley, Forest Park, Meramec
- ◆ Three Rivers Community College

[Form-5175](#) must be completed and submitted to the Department of Revenue before plate(s) will be ordered. No stock will be maintained and it takes approximately three weeks for plates to be delivered.

## SECTION II – TITLING A STATE OWNED VEHICLE

Submit the following documentation to the Motor Vehicle Bureau to title a state-owned vehicle:

1. *Application for Missouri Title and License*, ([Form-108](#)) ([Attachment A](#)); and
  - The application must be completed and signed by an authorized agent for the Department.
  - The official name and address of the Department must be recorded on the application for title whenever possible, as suggested on page 2 and 3 of this booklet. **Do not list a specific agency within a Department as the owner.**
    - ★ *A Certificate of Title may be mailed to an agency within a Department by completing the "Mail To" information on the title application.*

- ★ **Example:** The Department of Mental Health purchases a vehicle for the Rolla Regional Center. The owner's name and address on the title application should be listed as: *MO Dept of Mental Health, 1706 E Elm St., Jefferson City MO 65109*. A "mail to" name and address may be listed as *Rolla Regional Center, PO Box 1098, Rolla, MO 65402*.
  - The "**Title Only**" block must be marked at the top of the application.
    - ★ If new plates are needed or existing plates are being transferred, an *Application for Motor Vehicle License*, ([Form-184](#)) must also be submitted (see [Section III](#)).
2. The properly assigned Manufacturer's Statement of Origin (MSO), certificate of title, or an assigned certificate to obtain title if the vehicle was received from the Missouri State Agency for Surplus Property. If the vehicle is less than ten years old, the odometer reading at the time of transfer must be recorded by the seller in the assignment area. The following vehicles are exempt from the odometer disclosure requirements:
- Vehicles ten years or older;
  - New vehicles transferred on an MSO between franchised dealers. Mileage is required on the retail sale of the vehicle;
  - Vehicles with a gross vehicle weight of over 16,000 pounds; and
  - All-terrain vehicles.
    - ★ *If the vehicle was previously titled in another state, Missouri law requires a current ID/OD inspection ([Attachment B](#)) to be completed by an official inspection station and to accompany the application for title. The inspection should verify the vehicle identification number and odometer reading displayed on the vehicle at the time of inspection.*

## SECTION III – REGISTRATION REQUIREMENTS

Submit the following documentation to the Motor Vehicle Bureau to obtain official license plates for a state-owned vehicle:

1. *Application for Motor Vehicle License*, ([Form-184](#)), completed and signed by an authorized agent for the Department (see [Attachment C-1](#));
2. Proof of ownership; and
  - A copy of the title in the Department's name; or
  - A validated pink registration receipt showing the Department has applied for title.
3. A current safety/emissions inspection certificate not more than 60 days old, if applicable (excluding vehicles exempt for the first five years following the year of manufacture).
  - ★ A vehicle emissions inspection is required for vehicles operating in the city of St. Louis, St. Louis County, St. Charles County, Franklin County, or Jefferson County. This inspection applies only to passenger vehicles and commercial motor vehicles with a manufacturer's gross weight rating of 8,500 pounds or less.

## SECTION IV – TRANSFERRING OFFICIAL LICENSE PLATES

An official license plate may be transferred from one vehicle titled in a State Department's name to another vehicle already titled to the same Department. The license plate transfer must be reported to the Missouri Department of Revenue, Motor Vehicle Bureau. Official license plates may be transferred at the time of titling a newly acquired motor vehicle or at a later date by submitting the documents outlined below. *Applications must be submitted within 30 days of transferring the plates.*

1. *Application for Motor Vehicle License* ([Form-184](#)), completed and signed by an authorized agent for the Department; and
  - ★ **NOTE:** *The owner's name must be recorded exactly as it appears on the Missouri certificate of title* ([Attachment C-2](#)).
2. A current safety/emissions inspection certificate not more than 60 days old, if applicable (excluding vehicles exempt for the first five years following the year of manufacture);
  - ★ A vehicle emissions inspection is required for vehicles operating in the city of St. Louis, St. Louis County, St. Charles County, Franklin County, or Jefferson County. This inspection applies only to passenger vehicles and commercial motor vehicles with a manufacturer's gross weight rating of 8,500 pounds or less.

## SECTION V – REPLACEMENT LICENSE PLATES

If an official license plate is lost, stolen, or mutilated, you must apply for replacement plates by completing an *Application for Replacement Plate(s)/Tab(s)* ([Form-1576](#)). This application must be completed, signed, notarized, and submitted to the Missouri Department of Revenue, Motor Vehicle Bureau (See [Attachment D](#)).

*The replacement plates will be mailed to the address listed on the application in approximately three weeks.*

## SECTION VI – SURRENDERING OFFICIAL LICENSE PLATES

When a vehicle is surplused or sold, the state agency must notify the Department of Revenue, Motor Vehicle Bureau, in writing at the address shown in [Section VII](#) within ten days of the sale/surplus to ensure accurate license plate information is maintained.

Official license plates must be surrendered to the Motor Vehicle Bureau when a vehicle is sold and will not be replaced within 90 days. Send the plates along with a letter of explanation to the address shown in [Section VII](#).

## **SECTION VII – CONTACT INFORMATION**

When submitting information to title and register a state-owned vehicle, please mail to:

**Missouri Department of Revenue  
Motor Vehicle Bureau  
Attn: Official Plate Desk  
301 West High Street  
P.O. Box 100  
Jefferson City, MO 65105-0100**

You may also deliver information directly to the Motor Vehicle Bureau, Harry S Truman State Office Building, Room 370, located at 301 West High Street in Jefferson City.

If you have additional questions pertaining to titling and registering state-owned vehicles, you may contact the Motor Vehicle Bureau at (573) 751-5709.

# ATTACHMENT A



[CLICK HERE for instructions before printing this form.](#)

<b>TRANS TYPE</b> <input type="checkbox"/> RENEWAL/TRANSFER PLATES <input type="checkbox"/> TRANSFER PLATES <input type="checkbox"/> NEW PLATES <input checked="" type="checkbox"/> TITLE ONLY	<div style="border: 1px solid black; padding: 2px; font-size: 8px;">         ANY FALSE STATEMENT IN THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH.       </div> <div style="border: 1px solid black; padding: 2px; font-size: 8px;">         DOR USE ONLY — REJECT NUMBER       </div> <div style="border: 1px solid black; padding: 2px; font-size: 8px;">         LICENSE PLATE NO _____ BRAND CODE _____       </div>
<input type="checkbox"/> <b>TITLE AND NOTICE OF LIEN</b> (No complete change of ownership)	

**MISSOURI DEPARTMENT OF REVENUE**  
**APPLICATION FOR MISSOURI TITLE AND LICENSE**

	<input checked="" type="checkbox"/> ORIGINAL (1) <input type="checkbox"/> DUPLICATE (2) <input type="checkbox"/> NON-NEGOT. (3) <input type="checkbox"/> PRIOR SALVAGE <input type="checkbox"/> CORRECTED (5) <input type="checkbox"/> MECHANIC (6) <input type="checkbox"/> SALVAGE (9) <input type="checkbox"/> DUP. SALVAGE (9)	<input type="checkbox"/> JUNK (A) <input type="checkbox"/> DUP. JUNK (B)	<input type="checkbox"/> TRANSFER ON DEATH (TOD) <input type="checkbox"/> TENANTS IN COMMON									
<b>OWNER</b>	OWNER'S NAME - LAST, FIRST, MIDDLE (ONLY FIRST 50 POSITIONS WILL PRINT ON TITLE) INCLUDING TOD			TOD BENEFICIARIES, IF APPLICABLE								
	STREET ADDRESS (MUST BE A PHYSICAL ADDRESS - CANNOT BE A PO BOX OR RURAL ROUTE)			COUNTY	FLEET NUMBER	L/R NUMBER						
	CITY	STATE	ZIP CODE	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> OUTSIDE CITY LIMITS	TELEPHONE NUMBER						
	E-MAIL	DLN OR FEIN NUMBER		PRICE								
YEAR		MAKE	VEHICLE IDENTIFICATION NUMBER (IF TYPING, DISREGARD BLOCK CONSTRAINTS)			BODY STYLE	REBATE					
13		FORD	1 F A L P 5 2 U Z S G 2 4 1 3 3 0			FODOR	\$					
<b>VEHICLE</b>	COLOR	FUEL	CLICK ON FUEL TYPE		GWR OVER 16,000 LBS	MILEAGE	ENTER AMOUNT OR TYPE EXEMPT	CODE	PURCHASE DATE	VEHICLE TRADE-IN		
	BLUE	G	<input checked="" type="checkbox"/> G - GAS <input type="checkbox"/> D - DIESEL <input type="checkbox"/> E - ELECTRIC <input type="checkbox"/> L - LP - PROPANE <input type="checkbox"/> N - NATURAL <input type="checkbox"/> O - OTHER		<input type="checkbox"/> YES	19			11/25/2013	\$		
	CLICK ON KIND OF VEHICLE		SURRENDERED TITLE NO.		STATE	ZONE	CLICK ON ZONE TYPE		B - BEYOND LOCAL	GR. WT. OR SEATING CAPACITY	OTHER CREDIT	
	<input checked="" type="checkbox"/> NEW (MSO) <input type="checkbox"/> USED (TITLE)		MSO		MO		<input checked="" type="checkbox"/> L - LOCAL <input type="checkbox"/> S - SHUTTLE <input type="checkbox"/> F - FARM <input type="checkbox"/> T - TRANSIT				\$	
P - PASSENGER T - TRUCK D - TRAILER B - BUS		M - MOTORCYCLE C - TRICYCLE R - REC. VEHICLE A - ATV		K.O.V.	CYL	H.P.	TAB NUMBER	EXP. MO.	EXP. YR.	CHECK BOX IF PLATE DOES NOT EXPIRE	SPECIAL P	NET PRICE
		P								<input type="checkbox"/>		\$ 15,000.00
<b>LIEN/MAIL TO</b>	FIRST LIEN		SECURITY AGREEMENT DATE		MAIL TO LIENHOLDER		LIENHOLDER'S PHONE NO.		SECOND LIEN		MAIL TO ALTERNATE ADDRESS BELOW. DO NOT USE IF SECOND LIEN OR SUBJECT TO FUTURE ADVANCES.	
	<input type="checkbox"/> YES <input type="checkbox"/> NO				(B) <input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/>	
	1 FIRST LIEN								2 SECOND LIEN/MAIL TO		<input type="checkbox"/> STFA	
STREET ADDRESS, R.R. OR P.O. BOX NUMBER			STREET ADDRESS, R.R. OR P.O. BOX NUMBER			FEES						
1706 E. ELM ST			PO BOX 1098			LICENSE FEE						
CITY			CITY			\$						
JEFFERSON CITY			ROLLA			RESERVATION FEE						
STATE			STATE			\$						
MO			MO			ADDITIONAL HP/D/R/D/RX						
ZIP CODE			ZIP CODE			\$						
65109			65401			TRANSFER FEE						
						\$						
						FAILURE TO TRANSFER/RENEW						
						\$						
						RENEWAL PENALTY						
						\$						
						TITLE PENALTY						
						\$						
						FUND DONATIONS						
						\$						
						TITLE/QUICK FEE						
						\$						
						STATE TAX						
						\$						
						LOCAL TAX						
						\$						
						SUBTOTAL						
						\$ 0.00						
						PROCESSING OR AGENT FEE						
						\$						
						MILEAGE DATE						
						\$						
						SURRENDERED PLATE NUMBER						
						\$						
						SURRENDERED PLATE CREDIT						
						\$ 0.00						
						TOTAL						
						\$ 0.00						

[CLICK HERE for information regarding state and local taxes.](#)

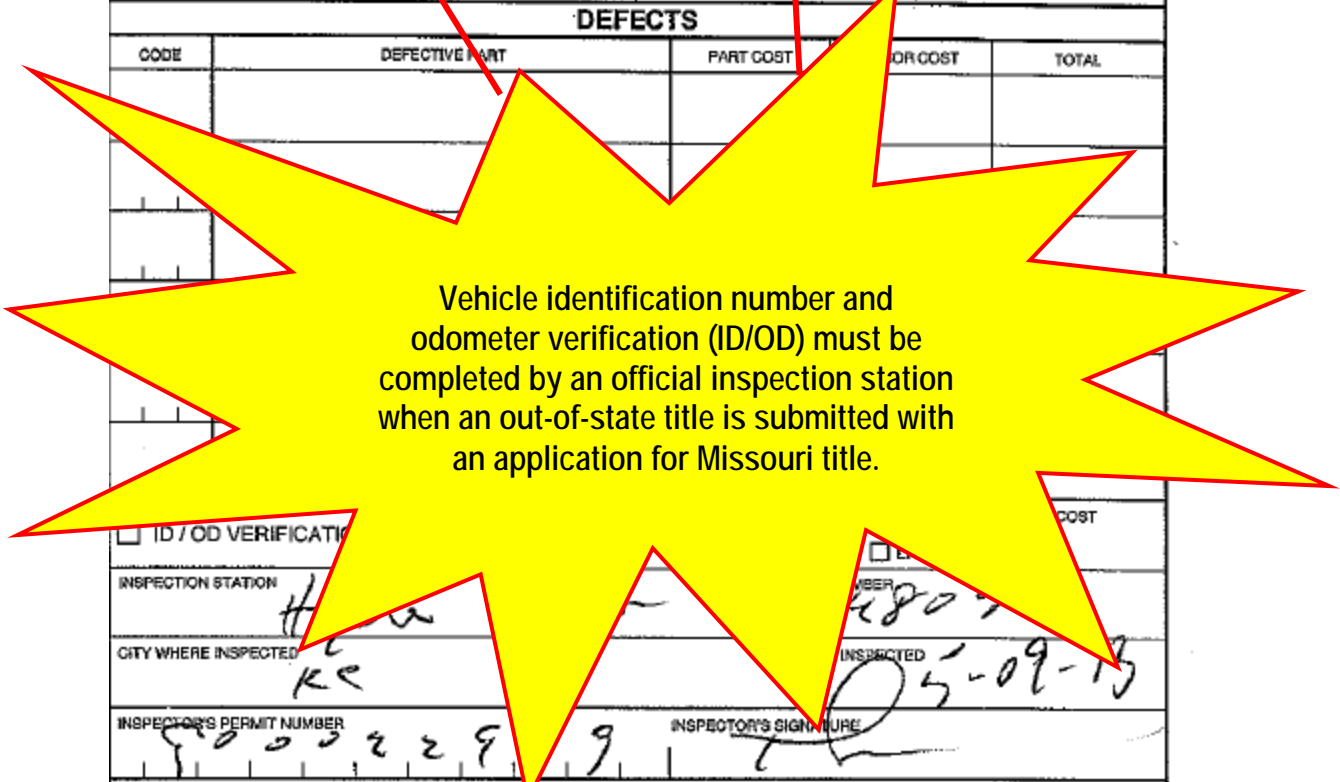
TITLE WITHIN THIRTY DAYS TO AVOID PENALTY

DOR-108 (09-2013)



**ATTACHMENT B**  
(For instructional purposes only)

Missouri Motor Vehicle Inspection APPROVAL NOTICE				
***SEE INFORMATION ON REVERSE SIDE***				
VEHICLE OWNER'S NAME D. Starkey			TIME INSPECTION STARTED 3:30	
STREET 8412 Locust			TIME INSPECTION ENDED 4:00	
CITY KC		COUNTY Jackson		
VEHICLE MAKE Honda	MODEL Civic	ODOMETER READING (REQUIRED) 162925	LICENSE NUMBER HFTAGV	
VEHICLE ID NO. 2HGEJ6443 [redacted] H107633				
BODY STYLE: <input checked="" type="checkbox"/> Car <input type="checkbox"/> School Bus <input type="checkbox"/> Truck (GVW < 8500 lbs.) <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck/Bus (GVW = 8500+)				
FUEL TYPE: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Gas/LPG <input type="checkbox"/> Other (Explain) <input type="checkbox"/> LPG <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid				
DEFECTS				
CODE	DEFECTIVE PART	PART COST	LABOR COST	TOTAL
<input type="checkbox"/> ID / OD VERIFICATION				
INSPECTION STATION Haw			INSPECTOR'S NUMBER 2801	
CITY WHERE INSPECTED KC			INSPECTION DATE 05-09-13	
INSPECTOR'S PERMIT NUMBER 90002299			INSPECTOR'S SIGNATURE [Signature]	
REPAIR AUTHORIZATION				
I realize total repair cost is an estimate and repairs are not required to be performed at this station, but I authorize the above establishment to repair my vehicle.				
OWNER'S SIGNATURE			DATE REINSPECTED	
REINSPECTOR'S PERMIT NUMBER			STICKER / DECAL NUMBER T1719301	
REINSPECTOR'S SIGNATURE			CONTROL NUMBER R 1020096	



# ATTACHMENT C-1



Missouri Department of Revenue  
**Application for Motor Vehicle License**

Office Validation or Remarks

Registration Process	Select One <input checked="" type="checkbox"/> J - New or Renew & Transfer <input type="checkbox"/> K - Renewal <input type="checkbox"/> M - Transfer <input type="checkbox"/> L - Change Weight or Zone <input type="checkbox"/> S - Replaced from Stock Only - Notary Required <input type="checkbox"/> Z - Special <input type="checkbox"/> X - Data Correction <input type="checkbox"/> V - Reinstatement					
	License Plate or ATV Decal Number	Tab Number	Expiration Month	Expiration Year	Registration Period <input type="checkbox"/> 1-year <input type="checkbox"/> 2-year	
220001m						

Address Information	Owner's Name - Last, First, Middle <b>MO DEPT OF MENTAL HEALTH</b>		Telephone Number (____) ____-____		E-mail Address	
	Street, Rural Route, or P.O. Box <b>1706 E ELM ST</b>		City <b>JEFFERSON CITY</b>		State <b>MO</b>	Zip Code <b>65109</b>
	County <b>COLE</b>					
Mail To Address - If different than Owner's Address						
Street, Rural Route, or P.O. Box		City			State	Zip Code

Vehicle Information	Year	Make	Vehicle Identification Number (VIN)			
	<b>2013</b>	<b>FORD</b>	<b>1FAPL52UXCG241330</b>			
	Title Number <b>MSO</b>	Body Style <b>FODOR</b>	Fuel <b>G</b>	Kind of Vehicle (Choose One) <b>P</b>	P - Passenger M - Motorcycle	T - Truck D - Trailer C - Tricycle R - Rec. Vehicle B - Bus A - ATV
	Odometer Reading from Inspection <b>19</b>	Purchase Date (MM/DD/YYYY) <b>1/25/2013</b>	Passenger HP	Truck and Bus	Zone	Gross Weight or Seat

Transfer or Replace Registration Information	License Plate Number	Current Tab #	Exp. Mo.	Exp. Year	Zone	Gr. wt/seat	Horsepower
	Reason for Replacement (Notary Required) <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated <input type="checkbox"/> Destroyed <input type="checkbox"/> Never Received						
	Vehicle License Is Being Transferred From						
	Surrendered <input type="checkbox"/> One Plate <input type="checkbox"/> Two Plates	Year	Make	Title Number	Horsepower		

Fees	License	\$ 0.00
	Reservation	\$
	Additional HP	\$
	Transfer	\$
	Fail to Transfer or Renew	\$
	Replacement(s)	\$
	Renewal Penalty	\$
	Reinstatement	\$
	<input type="checkbox"/> \$1 Blind <input type="checkbox"/> \$1 Organ WWI Memorial Trust Fund	\$
	<input type="checkbox"/> \$1 <input type="checkbox"/> \$10 <input type="checkbox"/> Other	\$
	Subtotal	\$
	Processing or Agent	\$
	Total	\$

Signature and Certification	<input type="checkbox"/> Vehicle out of state (Notary not required) - vehicle described above has not been within the state of Missouri for the sixty (60) day period immediately preceding the date of this application for registration, but will be submitted for inspection at an official safety inspection station within ten (10) days after entering the state by me or my agent.	
	<input type="checkbox"/> Non-use (Notary required) - the motor vehicle described above has not been operated on public roads or the highways of Missouri by me or my agent during the period of _____ to _____.	
	I hereby certify that the statements herein are true to the best of my knowledge. I also certify that I have and will maintain, during the period of registration, financial responsibility with respect to each motor vehicle that I own, license or operate on the streets or highways. Any false affidavit is a crime under Section 575.050 of Missouri law. You must present your insurance card (a copy is acceptable) or other acceptable proof of financial responsibility.	
Signature of Owner <b>Bill Brown - title clerk</b>		
Driver License Number or Federal Employer Identification Number _____		

Office use only	<input type="checkbox"/> PP <input type="checkbox"/> FHVUT <input checked="" type="checkbox"/> INS <input checked="" type="checkbox"/> Safety <input checked="" type="checkbox"/> EMISS	
	Surrendered Plate Number	
	Surrendered Plate Credit	\$

Notary Information	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 184 (Revised 08-2013)

# ATTACHMENT C-2



**Missouri Department of Revenue**  
**Application for Motor Vehicle License**

Office Validation or Remarks

<b>Registration Process</b>	Select One <input checked="" type="checkbox"/> J - New or Renew & Transfer <input type="checkbox"/> K - Renewal <input type="checkbox"/> M - Transfer <input type="checkbox"/> L - Change Weight or Zone <input type="checkbox"/> S - Replaced from Stock Only - Notary Required <input type="checkbox"/> Z - Special <input type="checkbox"/> X - Data Correction <input type="checkbox"/> V - Reinstatement				
	License Plate or ATV Decal Number 220001m	Tab Number	Expiration Month ____	Expiration Year ____	Registration Period <input type="checkbox"/> 1-year <input type="checkbox"/> 2-year

<b>Address Information</b>	Owner's Name - Last, First, Middle MO DEPT OF MENTAL HEALTH		Telephone Number (____) ____-____		E-mail Address	
	Street, Rural Route, or P.O. Box 1706 E ELM ST		City JEFFERSON CITY	State MO	Zip Code 65109	County COLE
	Mail To Address - If different than Owner's Address Street, Rural Route, or P.O. Box		City	State	Zip Code	

<b>Vehicle Information</b>	Year 2013	Make FORD	Vehicle Identification Number (VIN) 1FALP52UXCG241330			
	Title Number MSO	Body Style FODOR	Fuel G	Kind of Vehicle (Choose One) P	P - Passenger M - Motorcycle	T - Truck C - Tricycle
	D - Trailer R - Rec. Vehicle	B - Bus A - ATV	Odometer Reading from Inspection 19	Purchase Date (MM/DD/YYYY) 11/25/2013	Passenger HP	Truck and Bus Zone Gross Weight or Seat

<b>Transfer or Replace Registration Information</b>	License Plate Number 220001M	Current Tab #	Exp. Mo.	Exp. Year	Zone	Gr. wt/seat	Horsepower
	Reason for Replacement (Notary Required) <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated <input type="checkbox"/> Destroyed <input type="checkbox"/> Never Received						
	Vehicle License Is Being Transferred From						
	<input type="checkbox"/> One Plate <input type="checkbox"/> Two Plates	Year 2009	Make FORD	Title Number	Horsepower		

<b>Fees</b>	License	\$ 0.00
	Reservation	\$
	Additional HP	\$
	Transfer	\$
	Fail to Transfer or Renew	\$
	Replacement(s)	\$
	Renewal Penalty	\$
	Reinstatement	\$
	<input type="checkbox"/> \$1 Blind <input type="checkbox"/> \$1 Organ WWI Memorial Trust Fund <input type="checkbox"/> \$1 <input type="checkbox"/> \$10 <input type="checkbox"/> Other	\$
	Subtotal	\$
Processing or Agent	\$	
Total	\$	

<b>Signature and Certification</b>	<input type="checkbox"/> Vehicle out of state (Notary not required) - vehicle described above has not been within the state of Missouri for the sixty (60) day period immediately preceding the date of this application for registration, but will be submitted for inspection at an official safety inspection station within ten (10) days after entering the state by me or my agent.
	<input type="checkbox"/> Non-use (Notary required) - the motor vehicle described above has not been operated on public roads or the highways of Missouri by me or my agent during the period of _____ to _____.
	I hereby certify that the statements herein are true to the best of my knowledge. I also certify that I have and will maintain, during the period of registration, financial responsibility with respect to each motor vehicle that I own, license or operate on the streets or highways. Any false affidavit is a crime under Section 575.050 of Missouri law. You must present your insurance card (a copy is acceptable) or other acceptable proof of financial responsibility.
Signature of Owner _____	
Driver License Number or Federal Employer Identification Number _____	

<b>Office use only</b>	<input type="checkbox"/> PP <input type="checkbox"/> FHVUT <input checked="" type="checkbox"/> E INS <input checked="" type="checkbox"/> E Safety <input checked="" type="checkbox"/> E EMISS
	Surrendered Plate Number
	Surrendered Plate Credit                    \$

<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) ____/____/____	
		Notary Public Signature  Notary Public Name (Typed or Printed)	

Form 184 (Revised 08-2013)

# ATTACHMENT D



Missouri Department of Revenue  
**Application for Replacement  
 Plate(s) and Tab(s)**

Office Validation
-------------------

Pursuant to [301.420 RSMo](#), any false statement in this application is a violation of the law and may be punished by fine, imprisonment, or both.

<b>Owner Information</b>	Owner's Name (Last, First, Middle) <b>MO DEPT OF MENTAL HEALTH</b>				Telephone Number (____) ____ - ____	
	Street, Rural Route, or P.O. Box <b>1706 E ELM ST</b>		City <b>JEFFERSON CITY</b>	State <b>MO</b>	Zip Code <b>65109</b>	County <b>COLE</b>

<b>Vehicle Information</b>	Year <b>2013</b>	Make <b>FORD</b>	Vehicle Identification Number <b>1 F A L P 5 2 U X C G 2 4 1 3 3 0</b>			
	Title Number	Body Style <b>FODOR</b>	Kind of Vehicle - If Truck or Bus (Zone, Gr.Wt., Seat) <b>P</b>	License Number <b>220001M</b>	Tab Number	New Tab Number
	Expiration Month	Expiration Year	Replacement Permit Number		Total Fees	

<b>Replacement Plate Information</b>	Do not use this form if plates are being issued from stock. Use an Application for License ( <a href="#">Form 184</a> ) instead.					
	Number of Plates Needed <input checked="" type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Tabs Only	<input type="checkbox"/> Bronze Star Placard	<input type="checkbox"/> Change of Address	
	Reason Required <input checked="" type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Mutilated <input type="checkbox"/> Destroyed <input type="checkbox"/> Never Received <input type="checkbox"/> Seized by Law Enforcement				<input type="checkbox"/> Requesting Enhanced Security Tabs (I certify that the tabs displayed on my plates will be destroyed upon receipt of the requested replacement tab(s).)	
<input type="checkbox"/> Second Plate Only (see reverse) No notarization required						

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.					
	Signature <i>Bill Brown</i>				Title <i>title clerk</i>	
	Printed Name <b>Bill Brown</b>				Date (MM/DD/YYYY) <b>12 / 10 / 2013</b>	

<b>Notary Information</b>	Embossed or black ink rubber stamp seal		Subscribed and sworn before me, this <b>10<sup>th</sup></b> day of <b>DECEMBER</b> year <b>2013</b>				
	<b>Notary's seal or rubber stamp</b>		State <b>MO</b>	County (or City of St. Louis) <b>COLE</b>	My Commission Expires (MM/DD/YYYY) <b>12 31 2015</b>		
			Notary Public Signature <i>Susan Link</i>				
			Notary Public Name (Typed or Printed) <b>Susan Link</b>				

<b>Office Use Only</b>	Applicant last renewed this registration on ___ / ___ / ___ at the _____ office.	
	Applicant presented documented proof that the above vehicle is currently registered and the registration is current for this period as witnessed by _____.	
	Agent's Signature	Date (MM/DD/YYYY) ___ / ___ / ___
Remarks		