

Visit https://mydmv.mo.gov/ to renew or apply online.

Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both.

					-		-						
	Business Name			DBA Name				Person to C	ontact				
Street Address (Physical Address)				City			State	Zip Code +4					
Missouri Secretary of State Registration Number (if applicable)					Telephone Number		er •	County	y				
	Complete if mail to address is different than above (requires letter from postal authority).												
ŀ	Business Name	3 diliciciti tilali	above (ii	equires letter from posta	i autilon	ty).							
	Dualifees Ivalife												
	Street Address				City				State	Zip (Code +4		
												+	
	Licensure Fees	Total			Missou	uri Retai	l Sales Tax Nur	mber			Exempt	: TYes	☐ No
	Application for a license to e Used Parts Dealer Salvage Dealer or Dis	Body Sho	p or Reb	uilder Scrap Pro	ocessor		_		ised as a	a moto	or vehicle	dealer.)	
	Do you conduct a salvage business at any location other than the address shown above?												
	Business Name							Licer	ense Number				
Street Address					City			,	State	Z	Zip Code +4		
	If you have purchased a pre-	viously register	ed salvag	ge business within the pa	ast regis	tration p	period, indicate	the salvage b	usiness	numb	er.		
	Have you ever been registered	ed before as a l	Missouri s	salvage business?	Yes 🗍	No If	yes, provide the	following det	ails: (at	tach a	separate	sheet if ned	cessary.)
ľ	Prior Salvage Business Name				Prior License Number City			City				Last Year Licensed	
Business Name City State Zip Code +4 If you have purchased a previously registered salvage business within the past registration period, indicate the salvage business number. Have you ever been registered before as a Missouri salvage business? Prior Salvage Business Name Prior License Number City Last Year License Number Has your salvage business license ever been denied, suspended or revoked? Yes No If yes, give details and full explanation on a separate sheet.							et.						
	Are you currently a registere	d motor vehicle	e, boat, oi	r trailer dealer?	s 🔲 N	No If ye	es, give dealer r	number. D_					
Individual Partnership Corporation. (State of Incorporation): Limited Partnership Limited List all owners below: (attach a separate sheet for additional owners.)								mited Lia	bility Corpo	ration			
ŀ	Last Name	i a separate si	First Na		Middle	e Initial	Social Securit	y Number			Birthda	te (MM/DD/	YYYY)
								1.1		1	/	/	
	Telephone Number	Residence A	ddress				City		State	ZIF	Code +		
	Last Name	Name First N		me	Middle	e Initial	Social Security	/ Number			Birthdate (MM/DD/YYYY)		,
		I 5 · ·	<u> </u>							1		/	
Telephone Number Residence Address			City				State	ZIF	Code +	4 +			
	Last Name	1	First Na	me	Middle	e Initial	Social Security	/ Number	1 1			e (MM/DD/`	
Telephone Number Residence Address				1		City	1 1	State		Code +			
Have any of the persons or entities named herein ever been convicted of a felony? Yes No If yes, enter person's name and date of conviction(s) below. (Use a separate sheet if necessary.)													
Name			Date (MM/DD/YYYY)	Date (MM/DD/YYYY) Name				Date (MM/DD/YYYY)					
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A signature of an owner, partner, or corporate officer required.					
Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I do solemnly affirm that I maintain a bona fide established place of business as defined by Section 301.221, RSMo, at the address shown above to conduct the business indicated. I further resolve that the statements contained herein and on any attachments hereto are true and that I have authority to sign this application. Any false or erroneous information provided will cause denial, suspension, or revocation of any salvage license that was fraudulently obtained or erroneously issued.					
Signature	Title				
Printed Name	Date (MM/DD/YYYY)				
	//				

Complete each area on the application and submit with the appropriate fees to the address listed below. All illegible, incorrect, or incomplete applications will be rejected. For more information visit our website at: http://dor.mo.gov/forms/Missouri Titling Manual.pdf

Business Information

- The complete salvage business name and address must be shown. A post office box number without a street address will not be accepted
 as an actual business address.
- Complete the business name and mail to address if necessary. You must include a letter from the local postal authorities stating they cannot
 or will not deliver mail to the actual business location.

Fees

Submit required fees as outlined in the Missouri Titling Manual.

License Type

· Indicate the type of license needed, see Missouri Titling Manual for definitions of license types.

Current and Past Salvage History

· Complete all areas of the current and past salvage history section.

Ownership Information

- · Indicate the type of ownership of the business.
- · List each owner, partner, and corporate or company officer of the business.
- · You must list the Social Security Number, date of birth, and address of all owners. Telephone number is optional.
- Every owner, partner, or principal officer must obtain a "name based" criminal record from the Missouri State Highway Patrol.
 Visit https://www.machs.mshp.dps.mo.gov to obtain name based criminal records online. An owner, partner, or principal officer residing in another state must obtain a criminal record from the state of his or her residence. All required criminal records must be submitted with your dealer license application.

Signature

• The application must be signed by a business owner, partner, or principal officer.

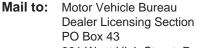
Inspection and Certification

An authorized law enforcement officer or designee must complete must complete an Inspection and Certification for Missouri Salvage
Business License (Form 5747). Dealers selling only emergency vehicles are exempt from this requirement. If the business is located in a first
class county (Boone, Buchanan, Camden, Cape Girardeau, Cass, Christian, Clay, Cole, Franklin, Greene, Jackson, Jasper, Jefferson, Platte,
St. Charles, St. Francois, St. Louis, St. Louis City, and Taney), an authorized city policeman who is employed in the same city the business
is located may complete the inspection. Certifications may not be completed by a sheriff or marshal. (Reference Sections 301.550 through
301.573 RSMo).

Re	equired documents to include with application
	Criminal records for each owner, partner, or principal officer
	Current photograph of the bona fide place of business; include the building, lot, and sign. If it is a temporary sign, include a photograph of the temporary sign and the work order for the permanent sign.
	If applying as a used parts dealer, a copy of the applicant's Missouri Retail Sales Tax License must be submitted. If applying as a salvage dealer and dismantler, either a copy of the applicant's Missouri Retail Sales Tax License, or a statement signed by the owner, confirming the business sells parts on a wholesale basis only must be submitted.
	One check or money order made payable to the Missouri Department of Revenue if applied by mail.

Form 1879 (Revised 01-2023)

Visit **dor.mo.gov** for additional information.



301 West High Street, Room 370 Jefferson City, MO 65105-0043 E-mail: dealerlic@dor.mo.gov

Phone: (573) 526-3669 Opt. 7

Fax: (573) 522-4197

TTY: (800) 735-2966