



Missouri Department of Revenue  
General Affidavit

Certification

- The motor vehicle described on the attached application has not been operated on public roads or the highways of Missouri by myself, or my agent during the period of \_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_ (Notarization required).
- I am giving this motor vehicle to \_\_\_\_\_ and there is no money or other valuable consideration involved in the transaction.
- The vehicle described below has not been in the state of Missouri for the 60 day period immediately preceding the date of this application for registration and will be submitted for inspection at an official inspection station within 10 days after entering the state by myself, or my agent.
- The vehicle described below was abandoned on real estate owned or purchased by me located at (address, city, state): \_\_\_\_\_ and has an approximate retail and or fair market value of \$ \_\_\_\_\_. Describe circumstances by which the real property owner came into possession of the abandoned vehicle: \_\_\_\_\_
- I certify under penalties of perjury that I have written consent from all owners and or lien holders of record to repossess boat or vessel, or outboard motor, or I have provided all owners and lienholders with a 10-day written notice by first class mail or as outlined in the Uniform Commercial Code, of the repossession and that an application for repossessed title will be made and the notice has now expired. Debtor's name and location or address of repossessed unit (Notarization and **DOR-93** required): \_\_\_\_\_
- I certify that I am seventy-five years old or older and am no longer required to present a physician's statement at the time of renewal for disabled person placards or license plates.
- Other \_\_\_\_\_

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

Owner	Year	Make	Model
Vehicle Identification Number		Original Title Number	Current License Number
Signature of Owner			Date (MM/DD/YYYY) ___/___/_____

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)		

Mail to: Motor Vehicle Bureau  
P.O. Box 100  
Jefferson City, MO 65105-0100

Phone: (573) 526-3669  
E-mail: [mvbmail@dor.mo.gov](mailto:mvbmail@dor.mo.gov)

Visit [dor.mo.gov/motorv](http://dor.mo.gov/motorv)  
for additional information.

Form 768 (Revised 07-2013)

