



MISSOURI DEPARTMENT OF REVENUE
 MOTOR VEHICLE BUREAU
 PO BOX 100, JEFFERSON CITY MO 65105
 (573) 751-4509 www.dor.mo.gov/mvdl
GENERAL AFFIDAVIT

FORM
768
 (REV. 2-2008)

WARNING: ANY FALSE STATEMENT IN THIS AFFIDAVIT IS A VIOLATION OF LAW, AND MAY BE PUNISHED BY FINE OR IMPRISONMENT, OR BOTH. QUESTIONS SHOULD BE REFERRED TO (573) 751-4509.

COMPLETE INFORMATION AS REQUIRED

I, the undersigned, do hereby certify that

- 1. NON-USE (Notarization required). . . . 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 _____.
- 2. GIFT I am giving this motor vehicle to _____ and there is no money or other valuable consideration involved in the transaction.
- 3. VEHICLE OUT OF STATE 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.
- 4. ABANDONED VEHICLE ON REAL PROPERTY the vehicle described below was abandoned on real estate owned or purchased by me located at (address, city, state): _____, and has an approximate retail/fair market value of \$ _____. List circumstances by which the real property owner came into possession of the abandoned vehicle:

- 5. REPOSSESSION CERTIFICATION (Notarization required). . . . I certify under penalties of perjury that I have written consent from all owners and/or lienholders of record to repossess this motor vehicle, trailer, all-terrain vehicle, manufactured home, boat/vessel, or outboard motor, or I have provided all owners/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/address of repossessed unit: _____

- 6. Other _____

- 7. 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.

OWNER (LIENHOLDER IF BOX 5 IS CHECKED) (TYPE OR PRINT)	YEAR _____	MAKE	MODEL
--	---------------	------	-------

VEHICLE IDENTIFICATION NUMBER _____	ORIGINAL TITLE NUMBER	CURRENT LICENSE NUMBER
--	-----------------------	------------------------

SIGNATURE OF OWNER	DATE ____ / ____ / ____
--------------------	----------------------------

NOTARY PUBLIC — (REQUIRED ON ITEMS 1 AND 5, MAY BE REQUIRED ON ITEM 6)

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		