



MISSOURI DEPARTMENT OF  
**REVENUE**  
**Request for Receipt of Title  
or Registration**

Form  
**2519**

Validation

Owner or joint owner of a motor vehicle, watercraft, or outboard motor may complete this application for receipt of payment only. For a duplicate title, refer to the Application for Missouri Title and License, ([Form 108](#)). **This form must be notarized.**

Requesting:  Title Receipt (Showing Tax Paid)  Registration Receipt (Showing Purchase of License)

Reason:  Destroyed  Lost  Mutilated  Stolen

<b>Applicant</b>	Owner's Legal Name			Phone Number (____) ____-____	
	Address		City		State

<b>Vehicle, Watercraft, or Outboard Motor</b>	Year	Make	Kind of Vehicle	Plate Number	Expiration Year
	Title Number		Vehicle Identification Number (VIN), Hull Identification Number (HIN), or Outboard Motor Identification Number (OBIN)		

<b>Mailing and Fax Information</b>	Would you like the requested information to be sent somewhere other than to the record holder's address listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, how would you like it to be sent?				
	<input type="checkbox"/> Mail (provide address) <input type="checkbox"/> Fax (add \$0.50 per page faxed; provide fax number) <input type="checkbox"/> Email (provide email address) <input type="checkbox"/> Certified Record				
	Name		Agency Name (if applicable)		Fax Number (____) ____-____
Address		City		State	Zip Code
Email Address					

<b>Payment Options</b>	The total fees for a title or registration receipt is \$8.50 for each receipt made and a \$9.00 processing fee. The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. A convenience fee of 2.0% + \$0.25 will be charged for each credit or debit card transaction.																																											
	<table border="1"> <tr> <td></td> <td>Cash</td> <td>Check</td> <td>Money Order</td> <td>Debit Card</td> <td>Discover</td> <td>Visa</td> <td>American Express</td> <td>Mastercard</td> </tr> <tr> <td>Central Office Visit</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Mail</td> <td></td> <td>✓</td> <td>✓</td> <td></td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Fax or E-Mail</td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </table>									Cash	Check	Money Order	Debit Card	Discover	Visa	American Express	Mastercard	Central Office Visit	✓	✓	✓	✓	✓	✓	✓	✓	Mail		✓	✓		✓	✓	✓	✓	Fax or E-Mail					✓	✓	✓	✓
		Cash	Check	Money Order	Debit Card	Discover	Visa	American Express	Mastercard																																			
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Mail		✓	✓		✓	✓	✓	✓																																				
Fax or E-Mail					✓	✓	✓	✓																																				
If you are paying by credit or debit card you must provide the following:																																												
Name (as it appears on card)		Card Type		Card Number			Expiration Date ____/____																																					

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature of Owner	Printed Name	Date (MM/DD/YYYY) ____/____/____

<b>Notary Information Required</b>	Note: License Office notary service - \$2.00			
	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)			

