



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

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

Applicant	Owner's Legal Name		Phone Number (____)____-____	
	Address	City	State	Zip Code

Vehicle, Watercraft, or Outboard Motor	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)			

Mailing and Fax Information	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			

Payment Options	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.								
		Cash	Check	Money Order	Debit Card	Discover	Visa	American Express	Mastercard
	Central Office Visit	✓	✓	✓	✓	✓	✓	✓	✓
	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 ____/____					

Signature	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) ____/____/____

Notary Information Required	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)		

Form 2519 (Revised 08-2025)

Mail to: Motor Vehicle Bureau
P.O. Box 2048
Jefferson City, MO 65105-2048

Phone: (573) 526-3669
Fax: (573) 751-7060
E-mail: mvrecords@dor.mo.gov

Visit <http://dor.mo.gov>
for additional information.

