

# TITLING REBUILT VEHICLES

**Missouri Department of Revenue  
Motor Vehicle Bureau  
301 West High Street  
P.O. Box 100  
Jefferson City, MO 65105-0100  
(573) 526-3669**

## TITLING A REBUILT MOTOR VEHICLE/OBTAINING A VEHICLE IDENTIFICATION NUMBER PLATE

When you purchase a motor vehicle and a Salvage Certificate of Title has been assigned to you, you must have the vehicle examined by authorized law enforcement after you have completed the rebuilding process (see item four below). In some cases, the examination may reveal that your vehicle needs a new or replacement identification number plate. The requirements are outlined in this brochure.

You must submit the requirements outlined below before you can title your rebuilt vehicle. The new certificate of title that issues in your name will be designated as "Prior Salvage" on the face of the title. If you have any questions regarding the information outlined in this brochure, please call (573) 526-3669.

### TITLING REQUIREMENTS

1. A Salvage Certificate of Title assigned to you;

NOTE: Odometer disclosure (mileage) is required for vehicles model year 2011 and newer until the vehicle reaches the age of twenty years old.

2. A bill of sale indicating the purchase price of the vehicle;
3. An Application for Missouri Title and License (DOR-108) completed and signed;
4. A Vehicle Examination Certificate (DOR-551);

NOTE: The white copy must accompany your application. The applicant should complete the top half of the form and the Missouri State Highway Patrol Inspector or other authorized officer must complete the bottom portion.

You may purchase this form for \$25.00 with a \$9.00 processing fee applied from a license office, or from the Motor Vehicle Bureau, P.O. Box 2076, Jefferson City, MO 65105-2076. Upon receipt of the form, you must make an appointment with an authorized law enforcement agent to inspect the vehicle.

Form 551 Missouri Department of Revenue Vehicle Examination Certificate		All bills of sale for parts listed must be in applicant's name and must accompany this form when submitted to the Missouri Department of Revenue for title. This form is not to be submitted to the motor vehicle office only.	
<b>Applicant Must Complete Boxes 1-10</b>		<b>Vehicle Only</b>	
1. Applicant's Name (Vehicle Owner)		Vehicle Identification Number	
2. Street Address		3. Telephone Number	
4. City	5. State	6. Zip Code	7. Garage Business No. or Dealer No. (If Applicable)
8. List any major component parts as defined in Section 303.020, RSMo. Parts were replaced in the manner below. You must provide all of the information asked for in this section for each major component part. A major component part for a motor vehicle is a part, motor, body, trim, body, cab, front clip or hood and assembly. A major component part for a motorcycle is a frame. You must provide a replacement bill of sale and a copy of the bill of sale for the corresponding bill for each part replaced. A copy of the bill of sale must be in the name of the person who replaced the part. (See reverse side for more information on parts.)			
Major Component Part(s) Replaced	Year	Make	Serial Number
			Title Number
			State
9. List any other essential component parts which were replaced. Essential parts for a motor vehicle may include but are not limited to: bumper, doors, fender, grille, hood, trunk lid, motor or suspension. Essential component parts for motorcycles may include but are not limited to: headlight, handlebars, motor, suspension, gas tank, fuel tank assembly, or suspension parts. Attach corresponding descriptive bills of sale in the applicant's name. These are due on each vehicle part at the time of purchase.			
10. Free parts used and no repair required, indicate reason: <input type="checkbox"/> Replacement (Owner) <input type="checkbox"/> Fixed or Full Damage Claim <input type="checkbox"/> Out of State Modification <input type="checkbox"/> Salvage or Property <input type="checkbox"/> Other (Specify)			
11. If no parts used, check the reason:			
12. List for year and make of the vehicle being examined.			
13. I hereby certify that the above information is true and correct to the best of my knowledge.			
14. Signature of Owner or Authorized Agent of Business			
<b>Do Not Write Below This Line</b>			
To be completed by authorized personnel of the Missouri Highway Patrol, or St. Louis City or County Audit Dept.			
15. Year	16. Make	17. Police VIN	Year
18. Make	19. Year	20. Police VIN	Year
21. Model	22. HP	23. Engine VIN	Year
24. Body Style	25. VIN	26. Transmission VIN	Year
27. Mileage	28. Front End		Year
29. Select vehicle of the following parts were changed: <input type="checkbox"/> Chassis <input type="checkbox"/> Power Clip <input type="checkbox"/> Frame <input type="checkbox"/> Body <input type="checkbox"/> Cab <input type="checkbox"/> Front Clip <input type="checkbox"/> This is a New CDA <input type="checkbox"/> Other (Specify)			
30. Condition of Abandoned Property: <input type="checkbox"/> No Apparent Damage <input type="checkbox"/> Damage Reported (Specify in Item 30) <input type="checkbox"/> Damage Unreported (Specify in Item 30)			
31. Remarks or any discrepancies noted (see additional sheet of paper if necessary).			
32. Notarized Vehicle Being Examined (See #10)			
33. Recommended Department of Revenue form: <input type="checkbox"/> Replacement VIN <input type="checkbox"/> Complete and Attach Form 208 <input type="checkbox"/> DMV			
34. I certify to the best of my knowledge that my physical inspection of this vehicle on information in Items 11, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, and 30 and that no previous serial number parts or vehicle identification numbers came from or belong to stolen vehicles.			
35. Law Enforcement Agency		36. File Number	
37. Examining Officer's Signature		38. Examining Officer's Print Name	
39. Design Number		40. Design Number	
Mail to: Motor Vehicle Bureau P.O. Box 2076 Jefferson City, MO 65105-2076 Phone: (573) 620-3669 Fax: (573) 620-3669 Email: motorvehicle@doe.mo.gov Website: www.motorvehicle.doe.mo.gov For additional information.			

5. Notarized bills of sale in the applicant's name for all major component parts listed in item 8 on the Vehicle Examination Certificate (DOR-551);

NOTE: On the reverse side of the form are definitions of major component parts. Each descriptive bill of sale must also include the purchase price, year, make and vehicle identification number of the motor vehicle from which the parts were obtained.

- A copy of the front and back of the Certificate of Title for the vehicle(s) from which the MAJOR COMPONENT PARTS were obtained that are listed in item 8 on the Vehicle Examination Certificate (DOR-551);
- All invoices, receipts, and bills of sales for any parts listed in item 9 on the Vehicle Examination Certificate (DOR-551);
- A \$8.50 title fee and \$9.00 processing fee,
- All state and local taxes on the purchase price of the vehicle and any parts that do not indicate that sales taxes were previously paid.

IF THE DOR-551 INSPECTION FORM  
REVEALS THAT A REPLACEMENT  
VEHICLE IDENTIFICATION NUMBER  
PLATE IS REQUIRED, YOU MUST SUBMIT:

An Application for Replacement of Vehicle/  
Vessel/Trailer Identification Number Plate  
(DOR-5062) completed in full, a \$7.50 replace-  
ment plate fee, and a \$9.00 processing fee, in  
addition to items 1 through 9 as previously listed.



NOTE: The application must be certified by an authorized law enforcement officer as noted on the reverse side of the form.

IF THE DOR-551 INSPECTION  
REVEALS A STATE ASSIGNED  
VEHICLE IDENTIFICATION NUMBER  
IS REQUIRED, (DR NUMBER)  
YOU MUST SUBMIT:

A \$7.50 fee and \$9.00 processing fee for a state  
assigned vehicle identification number plate in  
addition to items 1 through 9 as previously  
outlined.

MAIL APPLICATION AND ALL  
REQUIREMENTS TO:

For a regular title: Motor Vehicle Bureau  
Special Titling Unit  
P.O. Box 2076  
Jefferson City, MO 65105-2076

IF THE VIN PLATE OF A VEHICLE  
NEEDS TO BE REPLACED BECAUSE  
THE NUMBER IS ALTERED, DESTROYED  
OR MISSING, YOU MUST SUBMIT:

- An Application for Replacement of Vehicle/  
Vessel/Trailer Identification Number Plate  
(DOR-5062) completed, signed, notarized  
and certified by an authorized law enforcement  
officer as noted on the reverse of this form.
- A copy of the front and back of the Missouri  
Certificate of Title in the applicant's name.

NOTE: If the title is assigned to an applicant,  
he or she must also apply for an original title, and  
pay all sales taxes, a title fee and a title penalty, if  
applicable. A registered dealer is not required  
to apply for a title in the dealership's name, but  
must submit a copy for the title assigned to them,  
comply with inspection requirements and pay the  
appropriate fee.

- A \$7.50 replacement identification number  
plate fee and \$9.00 processing fee.

MAIL APPLICATION AND ALL  
REQUIREMENTS TO:

Motor Vehicle Bureau  
P.O. Box 2076  
Jefferson City, MO 65105-2076

The Missouri State Highway Patrol must affix the  
assigned or replacement vehicle identification  
number plate ("DR" Number) to the rebuilt vehicle.  
When application for title is made in conjunctin with  
the identification number plate request, the title  
will not issue until the plate is affixed and the officer  
sends a signed verification of affixation to the Motor  
Vehicle Bureau.

MISSOURI DEPARTMENT OF REVENUE MOTOR VEHICLE BUREAU APPLICATION FOR VEHICLE/TRAILER IDENTIFICATION NUMBER PLATE OR VERIFICATION		Form <b>5062</b> (Revised 08-2015)	SECTION 1A CERTIFICATION
<b>SECTION 1 - INSTRUCTIONS OR REVERSE</b> Step 1: Applicant must complete and sign Section A. Step 2: If a replacement vehicle identification number (VIN) is required, Section B must be notarized by a notary public. Step 3: Submit your motor vehicle/trailer and this form to authorized law enforcement as designated on the reverse side of this form. Step 4: Submit the completed form to the Department of Revenue as noted on the reverse side of this form.		<b>SECTION 1B - VEHICLE ONLY</b> Office Use Only - New ID:	
<b>SECTION A - APPLICANT</b> Name (Print name): <input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Other <input type="checkbox"/> None Address (Print address): <input type="checkbox"/> Street <input type="checkbox"/> Highway <input type="checkbox"/> P.O. Box <input type="checkbox"/> Other <input type="checkbox"/> None City (Print city): <input type="checkbox"/> State (Print state): <input type="checkbox"/> ZIP (Print ZIP): <input type="checkbox"/> Other <input type="checkbox"/> None County (Print county): <input type="checkbox"/> City (Print city): <input type="checkbox"/> State (Print state): <input type="checkbox"/> ZIP (Print ZIP): <input type="checkbox"/> Other <input type="checkbox"/> None Motor Vehicle/Trailer Identification Number (VIN): <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> None		<b>SECTION 1C - MOTOR VEHICLE/TRAILER/MANUFACTURED HOME</b> Year (Print year): <input type="checkbox"/> Make (Print make): <input type="checkbox"/> Model (Print model): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None Color (Print color): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None Title (Print title): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None License (Print license): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None	
<b>SECTION 2 - NOTARY PUBLIC</b> I certify that the statements above are true and that I am the registered owner of the above described unit(s). Signature: _____ Date: _____ Notary Public Name (Print name): _____ Notary Public Address (Print address): _____ Notary Public City (Print city): _____ Notary Public State (Print state): _____ Notary Public ZIP (Print ZIP): _____		<b>SECTION 3 - FOR AUTHORIZED LAW ENFORCEMENT AGENCY USE ONLY - DO NOT WRITE BELOW THIS LINE</b> I certify that on _____ I physically inspected the above described vehicle/trailer and the applicant provided satisfactory proof of ownership and found the identification number(s) as recorded below. Motor Vehicle/Trailer Identification Number (VIN): <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> None Year (Print year): <input type="checkbox"/> Make (Print make): <input type="checkbox"/> Model (Print model): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None Color (Print color): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None Title (Print title): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None License (Print license): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None Law Enforcement Agency (Print agency): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None Law Enforcement Agency Address (Print address): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None Law Enforcement Agency City (Print city): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None Law Enforcement Agency State (Print state): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None Law Enforcement Agency ZIP (Print ZIP): <input type="checkbox"/> Other (Print other): <input type="checkbox"/> None	