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Form 5042

MISSOURI DEPARTMENT OF REVENUE

Certification by Insurance Company of Vehicle Damage

Applicant and Reason for Applying

Street Address of Insured or Owner		Claim Number	
City		State	Zip Code

This form is to be used by insurance companies or owners applying for an Original or Salvage Missouri Certificate of Title as the result of a settlement of a claim for loss due to damage or theft.

❒ Insurance company applying for an Original Missouri Certificate of Title

Year	Make	Vehicle Identification Number (VIN)

❒ Insurance company applying for a Salvage Missouri Certificate of Title

Year	Make	Vehicle Identification Number (VIN)

❒ Owner applying for an Original Missouri Certificate of Title

Year	Make	Vehicle Identification Number (VIN)

❒ Owner applying for a Salvage Missouri Certificate of Title

Year	Make	Vehicle Identification Number (VIN)

❒ The insurance company is surrendering a salvage title to be redeemed for an original title due to recovery of a stolen vehicle. A completed Vehicle Examination Certificate (**Form 551**) inspection must be submitted. The estimated cost to repair the damage to the vehicle is 80 percent or less of the pre-damaged fair market value in accordance with **Section 301.010 (51) RSMo**. The total cost of repairs does not include the cost of repairing, replacing, or reinstalling inflatable safety restraints, tires, sound systems, or damage as a result of hail, or any sales tax on parts or materials. The Form 551 inspection must be completed by the Missouri State Highway Patrol or the St. Louis City or County Authorization Theft Unit.

Signature

I understand this certification will be used to apply for an Original or Salvage Certificate of Title in the insurance company or owner name for this motor vehicle, trailer, or all-terrain vehicle and that any false statements in this certification will subject me to civil and criminal liability.

I hereby certify under penalty of perjury that all information regarding this request is true and accurate and is made without intent to defraud.

Signature of Authorized Agent or Owner	
Printed Name	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

Form 5042 (Revised 02-2014)

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

Phone: (573) 526-3669

Visit **http://dor.mo.gov/motorv/** for additional information.