



Request for Fleet Plates with Company Name or Logo Design

Instructions

This form needs to be completed when requesting a fleet plate containing your company's name or logo. Only fleets with 50 or more vehicles are eligible for logos on their fleet plates. Please complete this request for Fleet Logo Plates and mail it to the address below. Please allow 3-5 weeks for new plates to arrive.

Contact Information

Fleet Owner Name		Date (MM/DD/YYYY) ____/____/____
Contact Name	Fleet Number	Contact's Phone Number (____)____-____
Contact's E-Mail Address		Contact's Fax Number (____)____-____

Plate(s)

Indicate the number of plates needed in each category. Requires a \$5.00 charge per vehicle.

Passenger _____	Bus _____	Cycle _____	Land Improvement _____
6,000 _____	12,000 _____	18,000 _____	24,000 _____ 26,000 _____
30,000 _____	36,000 _____	42,000 _____	48,000 _____ 54,000 _____
60,000 _____	66,000 _____	73,000 _____	78,000 _____ 80,000 _____

Upon completion, this form will be returned to you with a tracking number and the plate number(s) ordered.

If you wish to obtain your logo plates from a License Office, indicate which office here: _____

Submit the following documents when registering the vehicle(s) through the Central Office:

1. Application for Title and or License (**Form 108**);
2. Assigned title or Certificate of Origin;
3. Safety or Emissions Inspection if applicable;
4. Personal Property Tax Receipt;
5. Proof of Insurance; and
6. Appropriate fees.

Payment Methods

Check (enclosed) Credit Card (provide credit card information below)

Name as Shown on Credit Card _____ Type of Credit Card _____
 Credit Card Number _____ Credit Card Expiration Date (MM/YY) ____/____

The authorized signatory acknowledges by signing this request that upon registration or renewal of registration, all motor vehicles in the fleet will be issued a fleet logo plate. The signatory further authorizes any credit card payment as may be indicated in this request.

Authorized Signature _____
 Printed Name _____ Date (MM/DD/YYYY) ____/____/____

A service fee will apply when using a credit card.

Department Use Only

Tracking Number _____
 Plate Number(s) Ordered _____
 Date Plate(s) Ordered (MM/DD/YYYY) ____/____/____

Mail to: Motor Vehicle Bureau
Fleet Registration
P.O. Box 2076
Jefferson City, MO 65101-2076

Phone: (573) 751-0426
E-mail: fleet@dor.mo.gov

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

