



MISSOURI DEPARTMENT OF

REVENUE**5690****Application for Replacement or Additional Dealer Plates**

Any false statement in this application is a violation of the law and may be punished by fine or imprisonment or both.

Dealership	Name _____ Dealer Number _____ Physical Street Address _____ Telephone Number (_____) ____-_____ City _____ State _____ ZIP Code (9-digit) _____ County _____																																	
Plate Information	Type: _____ Size: _____ <input type="checkbox"/> Additional Plates - Quantity _____ (See fees on back) <input type="checkbox"/> Boat <input type="checkbox"/> Boat Trailer <input type="checkbox"/> Cycle <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Replacement Plates (\$17.50 per plate) <input type="checkbox"/> Driveaway Plate (Trailer Dealer Only)																																	
Signature	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">Plate Number Being Replaced</th> <th colspan="4" style="text-align: center; padding: 5px;">Reason for Replacement</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Lost</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Stolen</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Mutilated</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Destroyed</td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Lost</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Stolen</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Mutilated</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Destroyed</td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Lost</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Stolen</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Mutilated</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Destroyed</td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Lost</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Stolen</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Mutilated</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Destroyed</td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Lost</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Stolen</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Mutilated</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Destroyed</td> </tr> </tbody> </table>				Plate Number Being Replaced	Reason for Replacement					<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Mutilated	<input type="checkbox"/> Destroyed		<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Mutilated	<input type="checkbox"/> Destroyed		<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Mutilated	<input type="checkbox"/> Destroyed		<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Mutilated	<input type="checkbox"/> Destroyed		<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Mutilated	<input type="checkbox"/> Destroyed
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Notary Information	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. Signature _____ Title _____ Printed Name _____ Date (MM/DD/YYYY) _____ / _____ / _____																																	
DOR Use Only	Note: License Office notary service - \$2.00 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Embosser or black ink rubber stamp seal</td> <td colspan="3" style="padding: 5px;">Subscribed and sworn before me, this</td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">day of</td> <td style="text-align: center; padding: 5px;">year</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">State</td> <td style="text-align: center; padding: 5px;">County (or City of St. Louis)</td> <td style="text-align: center; padding: 5px;">My Commission Expires (MM/DD/YYYY)</td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;">/ /</td> <td style="text-align: center; padding: 5px;">/ /</td> <td style="text-align: center; padding: 5px;">/ /</td> </tr> <tr> <td></td> <td colspan="3" style="padding: 5px;">Notary Public Signature</td> </tr> <tr> <td></td> <td colspan="3" style="padding: 5px;">Notary Public Name (Typed or Printed)</td> </tr> </table>				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)								
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	Additional Plates Issued		Additional Plate Start																															
	Keyed	By _____	Date (MM/DD/YYYY)	Received DVSB																														
	Remarks _____																																	

Mail to: Motor Vehicle Bureau
 Dealer Licensing Section
 P.O. Box 43
 301 West High, Room 370
 Jefferson City, MO 65105-0043

Phone: (573) 526-3669 opt. 7
 Fax: (573) 522-4197
 E-mail: dealerlic@dor.mo.gov

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



Instructions To Applicant - Read Carefully

If plate(s) are lost or stolen, notify local law enforcement authorities or the Missouri State Highway Patrol.

Missouri statutes limit the issuance of replacement plates for instances where the original has been lost, stolen, mutilated, or destroyed; therefore, the reason for the replacement must be shown by checking the appropriate box.

Exact adherence to the following instructions will expedite department handling. There will be no refund granted after the plate is made. If the original is found after this application is made, the original becomes null and void, and must be surrendered to the Motor Vehicle Bureau.

Instructions For Completing Application

1. Indicate whether you are ordering a replacement plate or additional plate(s) or both in appropriate box.
2. Check reason replacement plates are required.
3. If ordering additional plates, list the quantity needed.
4. Indicate the plate size.
5. Your name must match the name as it appears on your certificate of licensure.
6. List your dealership address and phone number.
7. Indicate your dealer number, and if a replacement plate is requested, the plate letter. (ie: D1234M)
8. The application must be signed in the presence of a Notary Public when applying for replacement plates.

Fees

Replacement Plates: \$17.50 per plate/processing fee each.

Additional Plates: Additional motor vehicle dealer and boat dealer plates are \$10.50 if you are purchasing them for the full year. If the plates are purchased after January 31, the fees are prorated as shown below:

11 Months.....	February	\$9.63	5 Months	August	\$4.38
10 Months.....	March.....	\$8.75	4 Months	September.....	\$3.50
9 Months.....	April.....	\$7.88	3 Months	October.....	\$2.63
8 Months.....	May.....	\$7.00	2 Months	November.....	\$1.75
7 Months.....	June.....	\$6.13	1 Month.....	December.....	\$.88
6 Months.....	July	\$5.25			

Note: License Office notary service - \$2.00

Please carry a copy of your application receipt with you as proof of valid application until you receive your replacement plates. This form is not a substitute for additional plates.