



Visit <https://mydmv.mo.gov/> to renew or apply online.

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

Business Information	Business Name		DBA Name		Person to Contact		
	Street Address (Physical Address)			City		State	Zip Code +4 ____-____+____
	Missouri Secretary of State Registration Number (if applicable)			Telephone Number (____)____-____		County	
	Complete if mail to address is different than above (requires letter from postal authority).						
	Business Name						
Street Address		City		State	Zip Code +4 ____-____+____		

Signature	A signature of an owner, partner, or corporate officer required.		
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I do solemnly affirm that I maintain a bona fide established place of business as defined by Section 301.221, RSMo , at the address shown above to conduct the business indicated. I further resolve that the statements contained herein and on any attachments hereto are true and that I have authority to sign this application. Any false or erroneous information provided will cause denial, suspension, or revocation of any salvage license that was fraudulently obtained or erroneously issued.		
	Signature		Title
	Printed Name		Date (MM/DD/YYYY) __/__/____

Inspection and Certification	See instructions for who must complete this section.			
	I certify that I have physically inspected the above location and that the applicant's business qualifies as a bona fide used parts dealer, salvage dealer and dismantler, body shop or rebuilder, or scrap processor as defined in Sections 301.010 and 301.218 RSMo .			
	Date Approved (MM/DD/YYYY) __/__/____	Name and Rank	Department, Troop, and District	Badge Number
	Date Disapproved (MM/DD/YYYY) __/__/____	Name and Rank	Department, Troop, and District	Badge Number
	Reason for Disapproval			

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

Phone: (573) 526-3669 Opt. 7
Fax: (573) 522-4197
TTY: (800) 735-2966
E-mail: dealerlic@dor.mo.gov

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

