

**Certification**

- ☐ The motor vehicle described on the attached application has not been operated on public roads or the highways of Missouri by myself, or my agent during the period of \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. **(\*Notarization required)**
- ☐ I am giving the unit described below to \_\_\_\_\_ and there is no money or other valuable consideration involved in the transaction. (Note: in this instance, this completed affidavit should be given to the new owner along with the assigned title. To notify the Department of Revenue that a transfer of ownership has occurred for a motor vehicle, trailer, all-terrain vehicle (ATV), motorcycle, motortricycle, or autocycle, complete the tear-off Notice of Sale or Transfer (DOR-5049A) attached to the bottom of the Missouri title or a Notice of Sale or Transfer ([Form 5049](#)) and submit the completed form to the address indicated on the form. The original owner and the new owner are required to sign the Notice of Sale or Transfer form, even when gifting a motor vehicle, trailer, ATV, motorcycle, motortricycle, or autocycle.)
- ☐ The motor vehicle described below has not been in the state of Missouri for the 60 day period immediately preceding the date of this application for registration and will be submitted for inspection at an official inspection station within 10 days after entering the state by myself, or my agent.
- ☐ The abandoned property described below was abandoned on real estate owned or purchased by me located at (address, city, state, zip code): \_\_\_\_\_ and has an approximate retail and or fair market value of \$ \_\_\_\_\_. Provide a detailed explanation as to the circumstances by which the real estate owner came into possession of the abandoned property and why the real estate owner considers the unit has been abandoned: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ I certify that I am seventy-five years old or older and am no longer required to present a physician's statement at the time of renewal for disabled person placards or license plates.
- ☐ Firefighter Plates - I certify and affirm that I am a director of a fire protection district, or are compensated, partially compensated, or a volunteer member of a fire department, fire protection district, or voluntary fire protection association in Missouri. I further affirm that if I resign, are removed, or otherwise terminate my association with the fire department, I will return my special license plates to the Missouri Department of Revenue within 15 days. **(\*Notarization required)**  
  
 Name of Fire District \_\_\_\_\_
- ☐ Other \_\_\_\_\_  
 \_\_\_\_\_

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

Owner	Year	Make	Model
Vehicle Identification Number		Original Title Number	Current License Number
Signature of Owner			Date (MM/DD/YYYY) ____/____/____

**Notary Information**

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)		

**\*License Office notary service - \$2.00**

Form 768 (Revised 05-2020)

