

The seller must complete all applicable information and sign this form. The Bill of Sale or Even-Trade Bill of Sale must be notarized when showing proof of ownership on major component parts of a rebuilt vehicle or when specifically requested to be notarized by the Department of Revenue.

| Purchaser(s) Names(s) (typed or printed) | | | | | | Seller(s) Name(s) (typed or printed) | | | | |
|--|--|----------------|-----------------|--------------|-----------------------|--|---|--------------|---|----------|
| Address | | | | | | Address | | | | |
| City | City | | | | Zip Code | City | | | State | Zip Code |
| | | | | | | | | | | |
| Motor Vehicle | Year | Make Title Nur | | | | Vehicle Identification Number | | | | |
| | Sale Date (MM/DD/YYYY) Sale | | | e Price | | | If an even-trade occurred, please complete the information in the Unit or Vehicle Traded For Section. | | | |
| | | | | | | | | | | |
| Boat | Year | Make | mber | | | Year | Make | Title Number | | |
| | Vessel Identification Number | | | | | Trailer | Vehicle Identification Number | | | |
| | Sale Date (MM/DI | Sale Price | | | | Sale Date (MM/DD/YYYY) | | Sale Price | | |
| | | | | | | | | | | |
| Outboard Motor | Year Make Title Numb | | | per | | Motor Identification Number | | | | |
| | Horsepower Sale Date (MM/DD/YYYY) / / | | | | | Sale Price | | | | |
| | | | | | | | | | | |
| Unit or Vehicle Traded for | Year | | | Title Number | | | | | | |
| | Vehicle Identification Number | | | | | | | | | |
| | | | | | | | | | | |
| Signature | Under penalties of perjury, I declare that the information I have prov | | | | | ided and any attached supplement is true, complete, and correct. | | | | |
| | Signature of One Purchaser Signature | | | | Signature of O | gnature of One Seller | | | Unit or Vehicle Sold For Destruction Yes No | |
| | | | | | | | | | | |
| Notary | Notary required for rebuilt vehicle or when specifically requested to be notarized by the Department of Revenue. | | | | | | | | | |
| | Embosser or black ink rubber stamp seal Subscribed and sworn to | | | | | efore me, this | | | | |
| | | | | | day of | | | year | | |
| | | State | State | | | County (or City of St. Louis) | | | | |
| | | Notary P | ublic Signature | Notary | | Notary Public Name | ary Public Name (Typed or Printed) | | | |
| | | | | My Com | My Commission Expires | | | l | | |
| | | | | | // | | | | | |

Form 1957 (Revised 10-2013)

Mail to: Motor Vehicle Bureau P.O. Box 100

Jefferson City, MO 65105

Phone: (573) 526-3669 E-Mail: <u>mvbmail@dor.mo.gov</u> Visit dor.mo.gov/motorv/nos/ for additional information

