



MISSOURI DEPARTMENT OF REVENUE
 MOTOR VEHICLE BUREAU
 P.O. BOX 3111
 JEFFERSON CITY, MO 65109

FORM
5177
 (REV. 7-2011)

TITLE ASSIGNMENT CORRECTION FORM

The Missouri Department of Revenue certifies that the record attached hereto is an exact duplicate of the original title/certificate of ownership lawfully filed or deposited with the Department pursuant to Chapter 301 RSMo for the unit listed below:

Year ____ Make _____

Vehicle Identification Number _____

The attached document contains incomplete information. Please record the information listed below in the assignment area of this form. Make sure this form is signed and dated and then return to the Department of Revenue at the above address.

Purchaser(s) Name _____

Purchaser(s) Address _____

Odometer reading (No Tenths) at the time of purchase* _____

Signature of all Purchaser(s) _____ Date _____

Signature of all Seller(s) _____ Date _____

Sale Price _____ Date of Sale _____

*Sellers signature required when mileage is needed at the time of purchase.

ACKNOWLEDGEMENT - SIGNATURE REQUIRED

I hereby declare under penalties of perjury, that I have completed the missing information on the form or had the seller complete the information as required by law. By signing below, I certify that the information listed is true, accurate, and complete to the best of my knowledge and belief.

BUSINESS NAME (PRINT COMPLETE NAME) _____

APPLICANT/BUYER OR AUTHORIZED AGENT'S PRINTED NAME AND POSITION _____

APPLICANT/BUYER OR AUTHORIZED AGENT'S SIGNATURE _____ DATE _____

SELLER'S PRINTED NAME _____

SELLER'S SIGNATURE _____ DATE _____