## Form REVENUE Application for Si

## 5315 Application for Surrender of Title or Manufacturer's Certificate of Origin (MCO)

		Title (	<b>]</b> MCO	(Selec	ct the appropriate	e box and attach	the	docur	ment being s	surrender	ed)		
Current Owner Name Add					Address			City			State	Zip	
Previous Owner Name Add					Address			City			State	Zip	
Home	Manufacturer Name			Serial Number of the Manufactured Home				☐ New ☐ Used/			se Date (MM/DD/YYYY)		
Ho	Year Make Model Nar			ne Dimensions of the			he F	Home Purchase Price or Declared Value of the Home					
Statement of Facts	Statement of Facts Regarding Certificate of Title. I hereby state the following: (Place initials in applicable boxes)  The following facts are known by me which affect the validity of the title to the manufactured home referenced above (attach a separate exhibit if more space is needed).  I am not aware of any facts or information that could affect the validity of the title of the manufactured home or the existence or nonexistence of a security interest in or lien on it.												
<u></u>	Lienholder(s) Information: (In order of pri				ority) Address			City State Zip				Zip	
Lienholder	Lienholder Name			Address			City			State	Zip		
gement	Parties requesting written acknowledgement of conversion:  Name Address City									State	Zip		
Acknowledgement	Name			Addre	Address			City			State	Zip	
Signature	Under the penaltes of perjury, I hereby affirm the Signature				that the information contained in this app			ication is true and accurate.					
Sign	Printed N	ame						Date (MM/DD/YYYY)//					
	Note: License Office notary service - \$2.00												
	Embosser or black ink rubber stamp seal				Subscribed and sworn before me, this								
Ę								day of			year		
ormatio					State	St.	St. Louis) My Commission			on Expires (MM/DD/YYYY)			
Notary Information					Notary Public Signature					//			
					Notary Public Name (Typed or Printed)								

Form 5315 (Revised 08-2019)

Present this completed form to your local license office or mail it with the appropriate fees to:

Motor Vehicle Bureau P.O. Box 100 Jefferson City, MO 65105-0100

Phone: (573) 526-3669 E-mail: <u>mvbmail@dor.mo.gov</u>



