

Purchaser's (Lessor's) Name

Doing Business As

This form must be completed and submitted with each application for title in which the applicant is claiming a common carrier sales tax exemption. Applicants who do not qualify for the common carrier tax exemption who haul loads in excess of 54,000 lbs. must complete an Application for Sales Tax Exemption – Commercial Motor Vehicles or Trailers Greater than 54,000 Pounds (Form 5435), to apply for an exemption from sales tax.

Purchase Date (MM/DD/YYYY)

Lessee's Name, if applicable

Purchaser's (Lessor's) Telephone Number

Lease Date if applicable (MM/DD/YYYY)

Purc	Purchaser's (Lessor's) Address	Lessee's Address, if applicable	<u> ' ' </u>	
Requirements to Qualify	1. The purchaser is registered (or has a lease agreement with someone who is registered) as a common carrier to provide "for hire" services in (select one): Interstate commerce and is registered with the Federal Motor Carrier Safety Administration (FMCSA). Please provide: United States Department of Transportation (USDOT) registration number, if applicable: FMCSA operating authority (MC) number: Interstate commerce hauling exempt commodities and has filed the carrier's information with the FMCSA Safety and Fitness Electronic Records (SAFER) System. Please provide your USDOT registration number: Intrastate commerce and is registered with the Missouri Division of Motor Carrier Services. Please provide your USDOT registration number:			
Vehicle(s) Information	Vehicle Identification Number (VIN) Year Make Model Vehicle Identification Number (VIN) Year Make Model Model		ase or Lease Date (MM/DD/YYYY) _//ed Gross Weight State of Licensure ase or Lease Date (MM/DD/YYYY) _// ed Gross Weight State of Licensure	
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le(s)	Vehicle Identification Number (VIN)	Purcha	ase or Lease Date (MM/DD/YYYY)	
Vehic	Year Make Model	Licens	ed Gross Weight State of Licensure	
	Vehicle Identification Number (VIN)	Purcha	ase or Lease Date (MM/DD/YYYY)	
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	Year Make Model	Licens	ed Gross Weight State of Licensure	
īre	Under penalties of perjury, I declare that the information I h	ave provided an any attached supplen	nent is true, correct, and complete.	
Signature	Purchaser's (or Authorized Agent) Signature Typ	ed or Printed Name	Date Signed (MM/DD/YYYY)	
	·		Form 5095 (Revised 08-201	



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