



## How to get your new and Official Missouri Route 66 Black License Plate

You have made your payment, let's get you to the next step.

### **IMPORTANT! Locate The License Office Name and Number**

Indicate the license office name and number where license plates are to be picked up.

The office name and number can be located at:

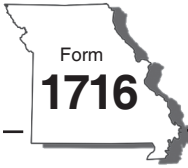
<https://dor.mo.gov/license-office-locator/>

### **Application Form:**

1. **Complete Missouri Form 1716**
2. **Complete Missouri Form 1776** (This will require a personal signature of advance practice registered nurse, licensed physician, chiropractor, physician assistant, podiatrist, physical therapist, or optometrist. (A stamped signature or signature of a nurse is not acceptable).
3. **Complete The Route 66 Association of Missouri EAUS Form**
4. **Send Completed Forms and Payment to:**

Route 66 Association of Missouri  
PO Box 8117  
St. Louis, MO 63156-8117  
573-733-6686

**Note:** The Route 66 Association of Missouri will forward all completed forms and fees to the state of Missouri, streamlining the process for your convenience.



MISSOURI DEPARTMENT OF  
**REVENUE**  
Missouri Application for Specialty and  
Personalized Specialty License Plates

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

<b>Step 1</b>	Name must appear as shown on vehicle title			(Please check which category of license plate you need)			
	Owner's Name						
	Street, RR, or P.O. Box Number			<input type="checkbox"/> Passenger	<input type="checkbox"/> Recreational Vehicle (motor home)	<input type="checkbox"/> Beyond Local 6 Truck	<input type="checkbox"/> Local 6 Truck (limited to a 50 mile radius)
	City			<input type="checkbox"/> Beyond Local 12 Truck	<input type="checkbox"/> Local 12 Truck (limited to a 50 mile radius)	<input type="checkbox"/> Beyond Local 18 Truck	<input type="checkbox"/> Local 18 Truck (limited to a 50 mile radius)
	State	ZIP Code		<input type="checkbox"/> Beyond Local 24 Truck	<input type="checkbox"/> Local 24 Truck (limited to a 50 mile radius)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motortricycle <input type="checkbox"/> Autocycle
Daytime Phone Number (____) _____ - _____			Current Plate Number _____			<input type="checkbox"/> Check here to add this symbol  to your plate. (Form 1776, Physician's Statement for Disabled Person's License Plates is required. See back for more information.)	

**NOTE: Regular personalized plates must be reserved and ordered at [dor.mo.gov/motor-vehicle/plates/](http://dor.mo.gov/motor-vehicle/plates/)**

<b>Step 2</b>	Submit fee shown below with this application.		
	<input type="checkbox"/> Amateur Radio (\$15) <input type="checkbox"/> American Heart Association (\$15) <input type="checkbox"/> American Legion (\$15) <input type="checkbox"/> Association of Missouri Electric Cooperatives (\$15) <input type="checkbox"/> Back the Blue (\$15) <input type="checkbox"/> Be An Organ Donor (\$15) <input type="checkbox"/> Breast Cancer Awareness (\$15) <input type="checkbox"/> Cave State (\$15) <input type="checkbox"/> Children's Trust Fund (Stock) (\$15) <input type="checkbox"/> Children's Trust Fund (\$15) <input type="checkbox"/> Choose Life (\$15) <input type="checkbox"/> Collegiate (\$15) Name of College or University _____ <input type="checkbox"/> Coroner's Office (\$15) <input type="checkbox"/> Custom Vehicle (\$15) <input type="checkbox"/> Disabled Person (\$15) <input type="checkbox"/> Don't Tread on Me (\$15) <input type="checkbox"/> Ducks Unlimited (\$15) <input type="checkbox"/> Eagle Scout (\$15) <input type="checkbox"/> Eastern Star - Harmony Chapter (\$15) <input type="checkbox"/> Emergency Medical Technician (\$15) <input type="checkbox"/> Fight Terrorism (\$15) <input type="checkbox"/> Firefighter (Stock) (\$15) <input type="checkbox"/> Firefighter (\$15) <input type="checkbox"/> Former Legislator (\$15) Last Year Served _____ <input type="checkbox"/> Fraternal Order of Eagles (\$15)	<input type="checkbox"/> Fraternal Order of Police (\$15) <input type="checkbox"/> Friends of Arrow Rock (\$15) <input type="checkbox"/> Gateway Arch (\$15) <input type="checkbox"/> God Bless America (\$15) <input type="checkbox"/> Great Rivers State (\$15) <input type="checkbox"/> Greek Collegiate Organization (\$15)  <input type="checkbox"/> Hearing Impaired Kids Endowment Fund (\$15) <input type="checkbox"/> Helping Schools (\$15) <input type="checkbox"/> I'm Pet Friendly (\$15) <input type="checkbox"/> Kingdom of Calontir (\$15) <input type="checkbox"/> Knights of Columbus (\$15) <input type="checkbox"/> Lions Club (Stock) (\$15) <input type="checkbox"/> Lions Club (\$15) <input type="checkbox"/> Masonic Grand Lodge (\$15) <input type="checkbox"/> Masters (\$15) <input type="checkbox"/> Missouri 4-H (\$15) <input type="checkbox"/> Missouri Association of Realtors (\$15) <input type="checkbox"/> Missouri Bicycle & Pedestrian Federation (\$15) <input type="checkbox"/> Missouri Botanical Garden (\$15) <input type="checkbox"/> Missouri Conservation Heritage (Stock) (\$15) <input type="checkbox"/> Bird <input type="checkbox"/> Deer <input type="checkbox"/> Bald Eagle <input type="checkbox"/> Missouri Conservation Heritage (\$15) <input type="checkbox"/> Bird <input type="checkbox"/> Deer <input type="checkbox"/> Bald Eagle <input type="checkbox"/> Missouri Elks Association (\$15) <input type="checkbox"/> Missouri Federation of Square & Round Dance Clubs (\$15) <input type="checkbox"/> Missouri Jaycee (Stock) (\$15)	<input type="checkbox"/> Missouri Jaycee (\$15) <input type="checkbox"/> Missouri Junior Golf Foundation (\$15) <input type="checkbox"/> Missouri Nurses Foundation (\$15) <input type="checkbox"/> Missouri Remembers POW/MIA (\$15) <input type="checkbox"/> Missouri Task Force 1 (\$15) <input type="checkbox"/> Missouri Travel Council (\$15) <input type="checkbox"/> MKN Conference of Teamsters (\$15) <input type="checkbox"/> MO-AG Businesses (\$15) <input type="checkbox"/> Order of the Arrow (\$15) <input type="checkbox"/> Paramedic (\$15) <input type="checkbox"/> Prince Hall (\$15) <input type="checkbox"/> Professional Sports Team (\$15) <input type="checkbox"/> St. Louis Blues <input type="checkbox"/> St. Louis Cardinals <input type="checkbox"/> Kansas City Chiefs <input type="checkbox"/> Kansas City Royals <input type="checkbox"/> Rotary International (\$15) <input type="checkbox"/> Safari Club International (\$15) <input type="checkbox"/> Search and Rescue (\$15) <input type="checkbox"/> Shriners (\$15) <input type="checkbox"/> Special Olympics (\$15) <input type="checkbox"/> Street Rod (\$15) <input type="checkbox"/> Tribe of Mic-O-Say (\$15) <input type="checkbox"/> Kansas City District <input type="checkbox"/> St. Joseph District <input type="checkbox"/> Wilson Creek Battlefield (\$15) <input type="checkbox"/> Zoos (\$15) <input type="checkbox"/> Kansas City <input type="checkbox"/> St. Louis <input type="checkbox"/> Shuttle Bus (\$15) — regular personalized <input type="checkbox"/> Vanpool (\$15) — regular personalized <input type="checkbox"/> Other _____
For all plates listed as "Stock," the Missouri Department of Revenue will select your license plate configuration.			

<b>Step 3</b>	Personalized plate choices (complete only if applying for personalized plates. Please include more than one choice.)					
	Please use all capital letters and show choices in order of preference. Regular personalized license plates may consist of no more than six characters plus a dash, a space, or an apostrophe. Personalized plates displaying an emblem or wheelchair symbol may consist of no more than six characters or five characters plus a dash, a space, or an apostrophe. Personalized plates displaying an emblem and wheelchair symbol are limited to four characters or three characters plus a dash, a space, or an apostrophe. Personalized cycle plates may consist of no more than six characters or five characters plus a dash, space, or an apostrophe. Personalized cycle plates displaying an emblem or wheelchair symbol may consist of no more than five characters or four characters plus a dash, space, or an apostrophe. Personalized cycle plates displaying an emblem and wheelchair symbol may consist of no more than three characters or two characters plus a dash, space, or an apostrophe. The Missouri Department of Revenue will not issue plates that contain any letters, numbers, or a combination of letters and numbers which are obscene, profane, patently offensive or contemptuous of a racial or ethnic group, offensive to good taste or decency, or would present an unreasonable danger to the health or safety of the applicant, of other users of streets and highways, or of the public in any location where the vehicle with such plate may be found. The Missouri Department of Revenue will not issue plates that conflict with the regular license numbering system.					
	Vehicle Plate Will Be Attached To	Year	Make	Model	VIN Number	
	First Choice	Second Choice	Third Choice	Fourth Choice	Fifth Choice	Sixth Choice
	Description of what the configuration above stands for.	Description of what the configuration above stands for.	Description of what the configuration above stands for.	Description of what the configuration above stands for.	Description of what the configuration above stands for.	Description of what the configuration above stands for.

<b>Step 4</b>	Must be completed by all applicants. These license plates will not be mailed. Indicate name of license office where plates are to be picked up.		
	Office	Office Number	I hereby certify under penalty of perjury that all information regarding this request is true and accurate and is made without intent to defraud and that all statutory requirements for personalized or special license plates have been met. I also acknowledge that, if the requested configuration is already issued for a vehicle I own, I must surrender those plates when I pick up the new plates bearing that configuration.
	Street	City	
Signature of Owner or Applicant <b>X</b>			


Regular personalized plates must be reserved and ordered at [dor.mo.gov/motor-vehicle/plates/](http://dor.mo.gov/motor-vehicle/plates/)

Applications must be completed, signed, and submitted with the fee noted on the front of the application. The annual fee indicated on the application is in addition to the regular registration fee set by law and is payable upon renewal. Depending on the type of license plates requested, additional documentation may be required as noted below. Make check or money order (do not send cash) payable to the Missouri Department of Revenue and forward with this application to the address listed below. Note: The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds.

You must renew your personalized license plates within 60 days of expiration to ensure the personalized plates are held in your name.

**Step 1:** Fill in the name exactly as it is shown on the title of the vehicle to which you intend to register this license plate. Fill in your current address, daytime telephone number, and license plate number that you currently have on the vehicle. Check the category of license plate that belongs on the vehicle to which you intend to register this plate. Local truck plates are limited to a 50 mile radius.

**Step 2:** Check the type of license plate you would like issued. Please note that some license plates require additional documentation and requirements which are noted below.

- Amateur Radio Plates: Your signature on an Amateur Radio Statement ([Form 838](#)) constitutes a sworn statement that you hold an unrevoked and unexpired amateur radio license and that the call letters indicated on the front of this application are the official call letters issued by the Federal Communications Commission (FCC). You must submit a Form 838 and a copy of your Federal Communications License with this application.
- Custom Vehicle Plates: Your signature on a notarized General Affidavit ([Form 768](#)) constitutes a sworn statement that the vehicle is a custom vehicle that is at least twenty-five years old and of a model year after 1948 or was manufactured to resemble a vehicle twenty-five years or older and of a model year after 1948, has been altered from the manufacturer's original design, or has an entire body constructed from nonoriginal materials, and is being used for occasional transportation, exhibitions, club activities, parades, tours, and similar uses and will not be used for general daily transportation. You must submit a Form 768 that contains the above statement with this application. Custom vehicle plates can only be transferred to another custom vehicle.
-  Disabled Person Plates: A signed physician's statement for disabled person's license plates ([Form 1776](#)) from an advance practice registered nurse, licensed physician, chiropractor, physician's assistant, podiatrist, or optometrist must be submitted that states the disability is permanent. The physician's statement is valid for 90 days after completion by the physician.
- God Bless America Plates: A one time \$10.00 contribution to the World War I Memorial Fund is required. You may submit the \$10.00 contribution with this application. If you previously made a contribution on or after August 28, 2002, you may submit a contribution receipt from the Missouri Veteran's Commission or verification of the contribution from the Missouri Department of Revenue with this application.
- Firefighter Plates: Your signature on a notarized General Affidavit (Form 768) constitutes a sworn statement that you are a director of a fire protection district, or are compensated, partially compensated, or a volunteer member of any fire department, fire protection district, or voluntary fire protection association in Missouri. You must submit a Form 768 with this application. You further affirm that if you resign, are removed, or otherwise terminate association with the fire department, you will return your special license plates to the Missouri Department of Revenue within 15 days.
- Missouri 4-H, Jaycees, and Task Force 1 Plates: You must submit a copy of your current membership identification card with this application.
- Street Rod Plates: Your signature on a notarized General Affidavit (Form 768) constitutes a sworn statement that the vehicle is a street rod that is older than 1949 or a vehicle manufactured after 1948 to resemble a vehicle manufactured before 1949, has been altered from the manufacturer's original design, or has an entire body constructed from nonoriginal materials, and is being used for occasional transportation, exhibitions, club activities, parades, tours, and similar uses and will not be used for general daily transportation. You must submit a Form 768 that contains the above statement with this application. Street rod plates can only be transferred to another street rod.
- An annual contribution to the organization and an EUAS is required for the following license plates: \$15 for Emergency Medical Technician, Helping Schools, Missouri Elks Association, and Paramedic; \$25 for all specialty plates other than those listed in this paragraph; \$30 for Missouri Bicycle & Pedestrian Federation; and \$35 for Kansas City Zoo, Missouri Botanical Garden, St. Louis Blues, St. Louis Cardinals, Kansas City Chiefs, Kansas City Royals, and St. Louis Zoo. The following plates do not require an annual contribution to the organization or an EUAS: Amateur Radio, Custom Vehicle, Disabled Person, Firefighter, God Bless America, Missouri Jaycees, Missouri 4-H, Missouri Task Force 1, and Street Rod.
- Contribution to the organization may be collected by the Department of Revenue for the following license plates: \$10 for Back the Blue, \$25 for Be an Organ Donor, Breast Cancer Awareness, Children's Trust Fund, Fight Terrorism, and \$10 for God Bless America.  
Note: If applying for a two-year registration the EUAS amount must be doubled.

**Step 3:** (for all plates listed as "stock" skip this step.) Indicate more than one personalized license plate choice. You may use a combination of letters and numbers. Please print clearly using all capital letters. Signs and symbols cannot be used except for one space, one dash, or one apostrophe. Space limitations are noted on the front of the application.

Please print capital letters and numbers as follows:

ABCDEFGHIJKLMN OPQRSTUVWXYZ 0123456789

**Step 4:** Indicate the license office name and number where license plates are to be picked up. The office name and number can be located at [dor.mo.gov/license-office-locator/](http://dor.mo.gov/license-office-locator/). Sign the application.

You will receive a notification letter when your license plates have been sent to the license office you indicated on the front of this application. Please allow six to eight weeks after the license plates are ordered for the notification letter to arrive.

**Mail to:** Motor Vehicle Bureau  
Personalized License Plate Section  
301 West High Street, Room 370  
P.O. Box 569  
Jefferson City, MO 65105-0569

**Phone:** (573) 526-3669  
**E-mail:** [mvbmail@dor.mo.gov](mailto:mvbmail@dor.mo.gov)

Visit [dor.mo.gov/motor-vehicle/plates/](http://dor.mo.gov/motor-vehicle/plates/) for additional information.

Form 1716 (Revised 07-2021)





This statement is only valid for 90 days.

Missouri law requires this form to be completed for new applicants and every eighth year for renewal applicants to obtain disabled person license plates or placards. [Section 301.142.1, RSMo](#), defines "physically disabled" as listed below. Please complete the form in full. At least one disability must be marked. You must personally sign this form. A stamped signature or signature of a nurse is not acceptable. Disabilities other than those listed below do not qualify the applicant for disabled person license plates or placards.

Patient's Information	Name (Last, First, Middle)	Driver License Number or Federal Employers I.D. Number	Date of Birth (MM/DD/YYYY) __ / __ / ____	Gender
	Street, Rural Route, or P.O. Box	City	State	Zip Code

Physician's Information	<input type="checkbox"/> Adv. Practice Registered Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Podiatrist <input type="checkbox"/> Optometrist <input type="checkbox"/> Licensed Physician	Printed Name of Physician or Licensee	Physician's Phone Number (____) _____ - _____
		License Number	State of License

Disability	Select each disability as defined in Section 301.142.1, RSMo that applies. A person's age shall not be a factor in determining a disability.	
	<input type="checkbox"/>	The person cannot ambulate or walk 50 feet without stopping to rest due to a severe and disabling arthritic, neurological, orthopedic condition, or other severe and disabling condition.
	<input type="checkbox"/>	The person cannot ambulate or walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.
	<input type="checkbox"/>	The person is restricted by a respiratory or other disease to such an extent that the person's forced respiratory expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest.
<input type="checkbox"/>	The person uses portable oxygen.	
<input type="checkbox"/>	The person has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association.	
<input type="checkbox"/>	The person is blind as defined in <a href="#">Section 8.700, RSMo</a> .	
<input type="checkbox"/>	Permanent Disability	
<input type="checkbox"/>	Temporary Disability* Provide Expiration Date (MM/DD/YYYY) ____ / ____ / ____	
	* A date is required or the minimum of 30 days will be used. This date cannot exceed 180 days from the date of this statement. See reverse side for additional information.	

Signature and Certification	It is a Class B misdemeanor for an advance practice registered nurse, licensed physician, chiropractor, physician assistant, podiatrist, physical therapist, or optometrist to: <ol style="list-style-type: none"> <li>Issue, sign, or furnish a statement to any person who does not meet one or more of the conditions above; or</li> <li>Issue, sign, or furnish a statement to any person for a condition above, the diagnosis of which is outside his or her scope of license.</li> </ol> A Class B misdemeanor is punishable by a fine not to exceed \$500 or imprisonment not to exceed 6 months.	
	I certify that I have physically examined the person listed above and determined he or she is physically disabled for the reason(s) indicated above as required by Section 301.142.1, RSMo in order to obtain disabled license plates or placards.	
	Personal signature of advance practice registered nurse, licensed physician, chiropractor, physician assistant, podiatrist, physical therapist, or optometrist. (A stamped signature or signature of a nurse is not acceptable).	Date (MM/DD/YYYY) __ / __ / ____

### Temporary Placard Information

Upon expiration, a Temporary Placard may be renewed once for an additional 180 days, provided the applicant reapplies and submits a new Physician's Statement for Disabled License Plates and/or Placards (Form 1776). If the temporary period of disability is not specified by an advance practice registered nurse, licensed physician, chiropractor, physician assistant, podiatrist, physical therapist, or optometrist, a Temporary Placard will be issued only for a period of 30 days.

### Responsibilities of advance practice registered nurse, licensed physician, chiropractor, physician assistant, podiatrist, physical therapist, or optometrist

An advance practice registered nurse, licensed physician, chiropractor, physician assistant, podiatrist, physical therapist, or optometrist who issues and signs this form shall maintain a copy of this form in the disabled person's medical chart and maintain sufficient documentation as to objectively confirm that such a condition exists. A chiropractor, podiatrist, or optometrist may only issue and sign this form for those conditions which he or she is legally authorized to diagnose and treat.

The medical or other records of the advance practice registered nurse, licensed physician, chiropractor, physician assistant, podiatrist, physical therapist, or optometrist who issued and signed this form shall be open to inspection and review by such practitioner's licensing board, in order to verify compliance. Information contained within such records shall be confidential unless required for prosecution, disciplinary purposes, or otherwise required to be disclosed by law.

### Required Department of Revenue Application Form Information

Additional required form(s) may be located at the following Department of Revenue website:

<https://dor.mo.gov/forms/>.

- Application for Disabled Person Placard ([Form 2769](#))
- Application for Motor Vehicle License ([Form 184](#))
- Application for Missouri Personalized and Special License Plates ([Form 1716](#))
- Application for Missouri Military Personalized License Plates ([Form 4601](#))





# Route 66 Association of Missouri Emblem Use Authorization Statement

STATEMENT NUMBER (OPTIONAL):

ORGANIZATION CONTACT INFORMATION
<b>Route 66 Association of Missouri</b> <b>P.O. Box 8117</b> <b>St. Louis, MO 63156</b>

APPLICANT INFORMATION		
NAME (LAST, FIRST, MIDDLE):		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE NUMBER(S):		
E-MAIL ADDRESS:		

## CONTRIBUTION INFORMATION

CONTRIBUTION AMOUNT\*: \$35.00 PAYMENT DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

\*NOTE: The minimum contribution for a single year registration is \$35.00  
The minimum contribution for a biennial registration is \$70.00 (See below for FAQ's)

<input type="checkbox"/> ORIGINAL AUTHORIZATION STATEMENT	<input type="checkbox"/> DUPLICATE AUTHORIZATION STATEMENT
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## DOR USE ONLY

ANNUAL / INITIAL REGISTRATION:

INITIAL PLATE PICK-UP / BIENNIAL REGISTRATION:

### Q. What is an Emblem Use Authorization Statement”?

**A: When a vehicle owner wants to obtain a specialty license plate from the Missouri Department of Revenue, the application must include an original Emblem Use Authorization Statement (EUAS) issued by the appropriate organization.**

**An Emblem Use Authorization Statement is provided to the vehicle owner after he/she makes the designated minimum contribution to the organization for that purpose. An Emblem Use Authorization Statement may be obtained for a one year or a two-year registration.**

**Missourians have the option to register qualifying motor vehicles every two years rather than every year. The required registration fee for the biennial license has been doubled. (to ensure no loss in revenues to Missouri's state highways) and Missourians still have the option of renewing their vehicle registrations every year. All even model year vehicles have the option during even-numbered calendar years and odd model year vehicles have the option during odd-numbered calendar years.**

**This process must be repeated every time the specialty license plate registration is renewed.**