



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
VEHICLE REGISTRATION APPLICATION

FOR OFFICE USE ONLY	
PERMIT NUMBER	CHECK NO.
DATE RECEIVED	DATE ISSUED

BUSINESS INFORMATION

NAME		CONTACT PERSON		TELEPHONE NUMBER WITH AREA CODE	
MAILING ADDRESS		CITY	STATE	ZIP CODE	
PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING)		CITY	STATE	ZIP CODE	
COUNTY	FAX NUMBER WITH AREA CODE		EMAIL ADDRESS		

VEHICLE INFORMATION

Vehicle 1 Add vehicle Cancel vehicle Replacement vehicle for _____
 (Year / Make)

VEHICLE TYPE

<input type="checkbox"/> Auger	<input type="checkbox"/> Cable tool	<input type="checkbox"/> Combination	<input type="checkbox"/> Geoprobe
<input type="checkbox"/> Hollow stem auger	<input type="checkbox"/> Pump	<input type="checkbox"/> Reverse circulation	<input type="checkbox"/> Rotary
<input type="checkbox"/> Service truck	<input type="checkbox"/> Van	<input type="checkbox"/> Other _____	

MAKE OF TRUCK	YEAR	VEHICLE I.D. NUMBER	LICENSE PLATE NUMBER
---------------	------	---------------------	----------------------

Vehicle 2 Add vehicle Cancel vehicle Replacement vehicle for _____
 (Year / Make)

VEHICLE USE

<input type="checkbox"/> Auger	<input type="checkbox"/> Cable tool	<input type="checkbox"/> Combination	<input type="checkbox"/> Geoprobe
<input type="checkbox"/> Hollow stem auger	<input type="checkbox"/> Pump	<input type="checkbox"/> Reverse circulation	<input type="checkbox"/> Rotary
<input type="checkbox"/> Service truck	<input type="checkbox"/> Van	<input type="checkbox"/> Other _____	

MAKE OF TRUCK	YEAR	VEHICLE I.D. NUMBER	LICENSE PLATE NUMBER
---------------	------	---------------------	----------------------

FEE STRUCTURE

\$20 registration fee per vehicle annually due October 1.

A permittee is required to place a permit number in a conspicuous location on both sides on each well drilling or pump installation machine. Please consult 10 CSR 23-1.140 for more information.

I certify that all information provided in this application is true. I understand that misstatements of facts may result in the forfeiture of my permit, issued in accordance with sections 256.600 – 256.640, RSMo.

SIGNATURE	PERMIT # (OPTIONAL)	DATE
-----------	---------------------	------