Reset Form Print Form

Form **4054**

Missouri Department of Revenue
**Power of Attorney**

I (we) hereby appoint, _____ as my (our) attorney-in-fact for the
(If insurance company involving total loss, complete boxes immediately below.)

| Insurance Company Name | Date of Total Loss |
|---|---|
| | __ __ /__ __ /__ __ __ __ |

purpose of:

- ❒ Transferring ownership for the following described unit:
- ❒ Making application for title for the following described unit:
- ❒ Making application for registration for the following described unit:

| Year (YYYY) | Make | Identification Number |
|---|---|---|
| | | |

with the full authority to sign on my (our) behalf all papers and documents and to do all that is necessary to this appointment.

**Signature**

| | |
|---|---|
| Owner's Printed Name | |
| Owner's Signature* | Date (MM/DD/YYYY) __ __ /__ __ /__ __ __ __ |
| Owner's Printed Name | |
| Owner's Signature* | Date (MM/DD/YYYY) __ __ /__ __ /__ __ __ __ |
| Owner's Printed Name | |
| Owner's Signature* | Date (MM/DD/YYYY) __ __ /__ __ /__ __ __ __ |

**Notary Information**

| | | |
|---|---|---|
| Embosser or black ink rubber stamp seal* | Subscribed and sworn before me, this day of year | |
| State | County (or City of St. Louis) | My Commission Expires (MM/DD/YYYY) __ __ /__ __ /__ __ __ __ |
| | Notary Public Signature | |
| | Notary Public Name (Typed or Printed) | |

* Owner(s) electronic signature is permissible ONLY when assigning power of attorney to an insurance company due to total loss. Notarization is not required if signing electronically.



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

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

Visit http://dor.mo.gov/motorv/ for additional information.