



STATE OF MISSOURI  
DEPARTMENT OF REVENUE  
MOTOR VEHICLE BUREAU  
**MOTOR CARRIER'S INSURANCE SELF-CERTIFICATION**

FORM  
**4715**  
(REV. 4-2007)

VEHICLE OWNER'S NAME

STREET ADDRESS, R.R. OR PO BOX NUMBER

CITY, STATE, ZIP CODE

I certify that I have insured all of my vehicles according to the requirements of the Division of Motor Carrier and Railroad Safety pursuant to Section 390.126, RSMo., and that such insurance is in full force and effect.

VEHICLE OWNER'S SIGNATURE

DATE

MO 860-2793 (4-2007)



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