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.

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