

	, hereby assign all rights of the attached certificate				
Acknowledgement (Must be completed by	bank official.)				
l,	,	hereby acknowledge that the assignment of certificate			
number	is valid and	(Name of Bank) is aware			
of said assignment.	(Name of Bank)				
Bank Official's Name and Title					
Address		Phone Number			
		()			
City	State	Zip Code			
		_, hereby assign and transfer to the Department of			
Revenue, State of Missouri, my rights of ownership on the securities listed a,					
		, to cover the sum			
of \$75,000 should the occasion a		,			

Additional collateral will be added should the market price of the pledged securities fall below the required deposit of \$75,000.

	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.				
Inau	Signature	Printed Name			
	Address		Date (MM/DD/YYYY)		
			//		

	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this			
7		day of		year	
Required		State	County (or City of St. Louis)	My Commission Expires	
requ					
		Notary Public Signature	tary Public Signature		
Notary					
Z		Notary Public Name (Typed or Printed)			

Mail to: Driver License Bureau 301 West High Street, Room 470 P.O. Box 200 Jefferson City, MO 65105-0200

Other Negotia

 Phone:
 (573) 751-7195

 Fax:
 (573) 526-7365

 E-mail:
 dlbmail@dor.mo.gov

Visit dor.mo.gov/drivers/ for additional information.



Form 4201 (Revised 06-2019)