



Missouri Department of Revenue  
**Affidavit of No Unsatisfied Judgments**

I, the undersigned, being first duly sworn, depose and state that there are no unsatisfied judgments against me in the county where I reside.

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.			
	Signature	Printed Name		Date (MM/DD/YYYY) ____/____/____
	Address	City	State	Zip Code      County

<b>Notary Required</b>	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
		Notary Public Signature		
Notary Public Name (Typed or Printed)				

**Mail to:** Driver License Bureau  
 301 West High Street, Room 470  
 Jefferson City, MO 65105-0200

**Phone:** (573) 751-7195  
**Fax:** (573) 526-7365  
**E-mail:** dlbmail@dor.mo.gov

Visit [dor.mo.gov/drivers/](http://dor.mo.gov/drivers/)  
 for additional information.

Form 4202 (Revised 05-2013)

