



Missouri Department of Revenue
Multiple Vehicle Financial Responsibility Certification Form

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|------------------------------|------------------------|---------|----------|
| Insured's Information | License Office Visited | | |
| | Name | Address | |
| | City | State | Zip Code |

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|------------------|--|-------------------------------------|
| Signature | Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I certify that I have and will maintain, during the period of registration, financial responsibility with respect to each motor vehicle that I own, license, or operate on the streets or highways. This includes the vehicles I register today (see attached registration receipts), in the license office listed above. Any false affidavit is a crime under Section 575.050 of Missouri law. | |
| | Signature of Owner or Authorized Agent | Date (MM/DD/YYYY) ____/____/____ |
| | Organization or Company Name | |