



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 ____/____/____
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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.

Mail to: Motor Vehicle Bureau
 P.O. Box 100
 Jefferson City, MO 65105-0100

