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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

Note: License Office notary service - $2.00

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 **Phone:** (573) 526-3669

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