



MISSOURI DEPARTMENT OF REVENUE  
MOTOR VEHICLE BUREAU  
**POWER OF ATTORNEY**

FORM  
**4054**  
(REV. 1-2009)

I (WE) HEREBY APPOINT \_\_\_\_\_ AS MY (OUR) ATTORNEY-IN-FACT FOR THE  
PURPOSE OF TRANSFERRING OR MAKING APPLICATION FOR TITLE AND REGISTRATION TO THE FOLLOWING DESCRIBED UNIT:

YEAR _____	MAKE _____	IDENTIFICATION NUMBER _____
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WITH THE FULL AUTHORITY TO SIGN ON MY (OUR) BEHALF ALL PAPERS AND DOCUMENTS AND TO DO ALL THAT IS NECESSARY TO THIS APPOINTMENT.

OWNER'S PRINTED NAME	OWNER'S PRINTED NAME
OWNER'S SIGNATURE	OWNER'S SIGNATURE

NOTARY INFORMATION		
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		

MO 860-1005 (1-2009)



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