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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 purpose of transferring or making application for title and registration to the following described unit:

Year	Make	Identification Number
___ ___ ___ ___		

Signature

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 Signature	Owner's Printed Name	Owner's Signature

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)

Form 4054 (Revised 11-2013)

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

Phone: (573) 526-3669
E-mail: mvbmail@dor.mo.gov

Visit dor.mo.gov for additional information.