



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 required for all signatures.

