



MISSOURI DEPARTMENT OF
REVENUE

Motor Carrier's Insurance Self-Certification

Owner	Vehicle Owner's Name			
	Street Address	City	State	Zip Code

Certification	I certify that I have insured all of my vehicles according to the requirements of the Division of Motor Carrier and Railroad Safety pursuant to <u>Section 390.126, RSMo.</u> , and that such insurance is in full force and effect.
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Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Vehicle Owner's Signature	Date (MM/DD/YYYY) __/__/____

This form must be attached to your motor vehicle registration application.

Form 4715 (Revised 04-2014)

Motor Vehicle Bureau
301 West High Street
Jefferson City, MO 65101

Phone:
(573) 526-3669

Visit <http://dor.mo.gov/>
for additional information.

