



MISSOURI DEPARTMENT OF  
**REVENUE**

**Multiple Vehicle Financial Responsibility Certification Form**

<b>Insured's Information</b>	License Office Visited		
	Name	Address	
	City	State	Zip Code

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I certify that I have and will maintain, during the period of registration, financial responsibility with respect to each motor vehicle that I own, license, or operate on the streets or highways. This includes the vehicles I register today (see attached registration receipts), in the license office listed above. Any false affidavit is a crime under <a href="#">Section 575.050</a> of Missouri law.	
	Signature of Owner or Authorized Agent	Date (MM/DD/YYYY) ____/____/____
	Organization or Company Name	