



MISSOURI DEPARTMENT OF

**REVENUE**

**Statement of Vehicle Taken Without Permission**

Case Number \_\_\_\_\_

The following registered owner(s) \_\_\_\_\_ of  
 a \_\_\_\_\_ hereby states that this automobile was taken and driven on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_,  
Vehicle Year, Make and Model (MM/DD/YYYY)  
 \_\_\_\_\_  A.M.  P.M. without my (our) permission, either written or oral. The owner(s) denies any responsibility for the  
 accident involving this automobile on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ at or near \_\_\_\_\_, Missouri.  
(MM/DD/YYYY)

<b>Signature</b>	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.			
	Signature	Driver License Number		Date (MM/DD/YYYY) ____ / ____ / ____
	Address	City	State	Zip Code

Form 1500 (Revised 05-2013)

**Mail to:** Driver License Bureau  
 301 West High Street  
 P.O. Box 200  
 Jefferson City, MO 65105-0200

**Phone:** (573) 751-7195  
**Fax:** (573) 526-7365  
**Email:** dlbmail@dor.mo.gov

Visit [dor.mo.gov/drivers/](http://dor.mo.gov/drivers/)  
 for additional information.

