



MISSOURI DEPARTMENT OF
REVENUE
Affidavit for Return of Securities

I hereby state that I have not been served with any papers naming me as defendant in any action of law, and that there are no unsatisfied judgments against me because of injuries or damages resulting from a motor vehicle accident, and that I have not been involved as an operator or owner in any motor vehicle accidents resulting in injury or damage to the property of others in the preceding year.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.				
	Signature		Printed Name		Date (MM/DD/YYYY) ____ / ____ / ____
	Street Address		City	State	Zip Code County

Notary Required	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
		Notary Public Signature		
Notary Public Name (Typed or Printed)				

Mail to: Driver License Bureau
 301 West High Street, Room 470
 P.O. Box 200
 Jefferson City, MO 65105-0200

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

Visit dor.mo.gov/drivers/
 for additional information.

Form 4999 (Revised 06-2013)

