



Affidavit

I, _____ acting in my capacity as an agent or representative of, _____ a “religious denomination” with members residing in the state of Missouri, hereby request to obtain a certificate of self-insurance in accordance with §303.220, RSMo. In so doing, I acknowledge and state as follows:

1. The members of our religious denomination are discouraged from purchasing insurance, of any form, as being contrary to our religious tenets.
2. There are more than twenty-five (25) members of our religious denomination that own motor vehicles. A list of members’ names, addresses, and descriptions of the motor vehicles owned by each member is attached hereto and incorporated by reference. The list contains each member’s name as it appears or will appear on the vehicle registration as well as the following description for each motor vehicle: year, make, model, vehicle identification number (VIN), and current registration plate number.
3. Our religious denomination hereby declares that it is possessed and will continue to be possessed of the ability to pay judgments against our religious denomination. With respect to accidents occurring while the certificate of self-insurance is in force, as a self-insurer the religious denomination further agrees to pay the same judgments and in the same amounts that an insurer would have been obligated to pay under an owner’s motor vehicle liability policy if such a policy had been issued to each owner member included on the list attached hereto and incorporated by reference, as required by §303.160 and §303.220, RSMo.

Signature

Under penalties of perjury, I declare that the above information and attachments are true, complete, and correct.			
Signature of Authorized Representative or Agent		Printed Name	
Title		Date (MM/DD/YYYY) __ / __ / ____	

Notary Information

Embossed 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)		

Mail to: Driver License Bureau
P.O. Box 200
Jefferson City, MO 65105-3300

E-mail: dlbmail@dor.mo.gov

Form 5689(Revised 08-2021)

Visit dor.mo.gov/driver-license/ for additional information.

Phone: (573) 751-4475
Fax: (573) 526-7365



Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.