



Missouri Society for Respiratory Care

STATEMENT NUMBER (OPTIONAL):

# Emblem Use Authorization Statement

ORGANIZATION CONTACT INFORMATION	APPLICANT INFORMATION		
<b>Missouri Society for Respiratory Care</b> <b>Brandon Burk</b> <b>213 E Capitol</b> <b>Jefferson City, MO 65102</b>  <b>missourisocieyrc@gmail.com</b>	NAME (LAST, FIRST, MIDDLE):		
	MAILING ADDRESS:		
	CITY:	STATE:	ZIP:
	TELEPHONE NUMBER(S):		
	E-MAIL ADDRESS:		

**CONTRIBUTION INFORMATION**

CONTRIBUTION AMOUNT\*: \$ \_\_\_\_\_ PAYMENT DATE: \_\_\_\_\_

AUTHORIZED SIGNATURE: *Robin Kildner*

\*NOTE: The minimum contribution for a single year registration is \$25.00  
 The minimum contribution for a biennial registration is \$50.00

ORIGINAL AUTHORIZATION STATEMENT     
  DUPLICATE AUTHORIZATION STATEMENT

**DOR USE ONLY**

ANNUAL / INITIAL REGISTRATION:	INITIAL PLATE PICK-UP / BIENNIAL REGISTRATION:
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**Q. What is an Emblem Use Authorization Statement”?**

**A: When a vehicle owner wants to obtain a specialty license plate from the Missouri Department of Revenue, the application must include an original Emblem Use Authorization Statement (EUAS) issued by the appropriate organization.**

**An Emblem Use Authorization Statement is provided to the vehicle owner after he/she makes the designated minimum contribution to the organization for that purpose. An Emblem Use Authorization Statement may be obtained for a one year or a two year registration.**

**This process must be repeated every time the specialty license plate registration is renewed.**