



RETURN OF EXPIRED STICKERS / DECALS

This form is used for EXCHANGES only.

Use SHP-455 to REQUISITION stickers / decals.

Mail to: Missouri State Highway Patrol
Motor Vehicle Inspection Division
P.O. Box 568
Jefferson City, MO 65102

DATE	STATION NAME	STATION NO.
STREET ADDRESS		COUNTY
CITY	ZIP	SIGNATURE OF AUTHORIZED PERSON

SAFETY INSPECTION STICKERS

Return of safety inspection stickers, number _____ through _____

_____ through _____

_____ through _____

_____ through _____

Total Returned Safety Stickers _____

MOTORCYCLE / TRAILER DECALS

Return of motorcycle / trailer decals, number _____ through _____

_____ through _____

_____ through _____

_____ through _____

Total Returned Decals _____

May be exchanged for any combination of stickers or decals **of equal value**. (Write amount needed in proper blank.)

_____ safety stickers _____ decals

MISSOURI STATE HIGHWAY PATROL USE ONLY

_____ safety stickers, _____ through _____ issued _____

_____ decals, _____ through _____ issued _____

Order filled by _____