

ے	Name/Organization		Securi	Security Access Code (if applicable)				
Requestor Information	Address	City			State	ZIP Code		
	E-mail Address	Telephone Number	Telephone Number Fax Number					
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or m	ultiple record requests, please complete page 2.		·					
Subject Information	Name As It Appears On Subject's Current Missouri Driver License or Record	Driver License or Social Securit	Driver License or Social Security Number  Date of Birth (MM/DD/Y			(MM/DD/YYYY) /		
	Address As It Appears On Subject's Current Missouri Driver License or Record	City	City		te Z	IP Code		
	I hereby request the following record (please select the appropriate box(es): The fee is \$2.82 per record.							
	☐ Driver Record*	Other (Specify)						
<b>8</b>	Case History* (A case history consists of any open case or any reinstatement or termination case not less than two years old).							
este	Case Document (Specify)*							
Sedi	Reinstatement Notice							
Record(s) Requested	Suspension Notice							
	Conviction (Ticket #)  SR-22							
	Image Portfolio (License Photo)							
	Limited Driving Privilege Package (Consists of a certified driver record, certified SR-22, and a certified Ignition Interlock Device (IID) if applicable).							
	*Records May Be Certified							
	Please send the above record(s) by: Mail Fax (Add \$0.50 per page faxed) E-mail E-mail							
suc	Records can be obtained by walk-in, mail-in, fax, or e-mail request. The fee is \$2.82 per record. Request that are submitted by mail-in, can only submit with a check or money order. You may visit us at central office, Harry S Truman Building, Room 470, 301 West High Street, Jefferson City, Missouri.							
Payment Options	If you are paying by credit or debit card you will now be required to pay online for the record(s) requested. Once your request has been processed you will receive an e-mail notification of the amount due. This notification will be sent to the e-mail address provided on this form. Once the amount due is paid in full, your record(s) will be released to the e-mail address, mailing address or fax number you provided on this form. A convenience fee will be charged for credit or debit card transactions.							
Pa	Requester's Signature	Printed Name						
	The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. You may visit us at Central Office, Harry S Truman Building, Room 470, 301 West High Street, Jefferson City, Missouri.							

Mail to: Driver License Bureau

DL Record Center P.O. Box 2167

Jefferson City, MO 65105-2167

**Phone:** (573) 526-2407 **Fax:** (573) 526-7367



E-mail: dlrecords@dor.mo.gov

Form 1745 (Revised 10-2024)

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

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

If yes, visit <u>dor.mo.gov/military/</u> to see the services and benefits DOR offers to all eligible military individuals, or complete the survey at <u>mvc.dps.mo.gov/MoVeteransInformation/Survey/DOR</u> to receive information from the Missouri Veterans Commission. A list of all state agency resources and benefits can be found at <u>veteranbenefits.mo.gov/state-benefits/</u>.

	Name	Date of Birth (MM/DD/YYYY)	Driver License or Social Security Number
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