



MISSOURI DEPARTMENT OF

REVENUE**Certified Driver Record Request for Government Agencies**Requester
Information

Name of Organization		Security Access Code (if applicable)	
Address		City	State
Zip Code	Telephone Number () -	Fax Number () -	
E-mail Address			

For multiple record requests, please complete page 2.Driver
Information

Name (Last, First, and Middle Initial)	Social Security Number
Driver License Number	Date of Birth (MM/DD/YYYY) / /

Documents

Please send the documents as checked below:

- ☐ Certified copy of driving record only.
- ☐ Certified copy of driving record and most recent active Notice of Suspension or Revocation.
- ☐ Notice of Suspension Effective Date (MM/DD/YYYY) / /
- ☐ Convictions
- ☐ All - prior 3 years ☐ All - prior 5 years
- ☐ Major (6 points or more) ☐ BAC or DWI
- ☐ All Convictions on Record
- ☐ Case (Indicate each case number requiring certification).
- ☐ All active suspensions, revocations, denials, or disqualifications
- ☐ Alcohol related - Arrest Date (MM/DD/YYYY) / /
- ☐ Specific case (Must include case number). _____

Each case includes all letters, court orders and convictions.

☐ Other

_____	_____
_____	_____
_____	_____
_____	_____

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
Requester's Signature	Title
Requester's Printed Name	Date (MM/DD/YYYY) / /

Form 4170 (Revised 11-2024)

Mail to: Driver License Bureau
DL Record Center
P.O. Box 2167
Jefferson City, MO 65105-2167

Phone: (573) 751-7675
Fax: (573) 751-8646
E-mail: dlrecords@dor.mo.gov

Visit <http://dor.mo.gov/drivers/records.php>
for additional information.



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