

You may complete this form to request that your driver or motor vehicle registration record(s) remain confidential. This may require you to provide additional proof of identification, ownership, or registration if you are stopped by law enforcement. The Department may also request this verification annually.

No one will have access to your motor vehicle records except for use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.

Each time you title, register, or sell a vehicle, you must complete and submit this form and the appropriate application to the Motor Vehicle Bureau so your record(s) can be updated accordingly. You are not required to use this form when you renew your registration if you use the confidential renewal notice the Department issues to you.

Nam	e (Last, First, and	Middle Initial)			Driver License Number or SSN						ORI Number (if peace officer)							
															· · ·			
Street Address Cit						City						State			Zip Code			
Date	of Birth (MM/DD/				Position or Title of Offi			fficer	icer		Daytime Telephone Number							
														(				
If applicant is other than officer, provide officer's name and date of birth								Previous Name (if applicable) Ri						Kelationsn	elationship to Officer			
I certify that (select one):  I am currently a, or  I am an immediate family member of a					ounty, sta ederal pre	Applicant or Family Member (select one) state, or federal parole officer pretrial officer r of the federal judiciary  fficer  Applicant or Family Member (select one) person vested by Article V, Section 1 of the Missouri Constitution with judicial power of the state												
Add Status	Record(s) you wish to be confidential:  Driver Record  Odays, from the employing agency, which verifies employment credentials or a letter, dated within the last 30 days, from the employing agency, which verifies employment and position. If the applicant on this form is an immediate family member, a copy of the officer's employment credentials must be attached to this form.													licant on this				
Remove Status	☐ Driver Record ☐ Vehicle Registration Record(s) (Complete vehicle section below) ☐ Temporarily remove the driver license confidential status. (Status will be re added after transaction completed) ☐ Permanently remove the confidential status on the driver record									This form must be presented to a Missouri Motor Vehicle and Driver License office in person to remove a confidential status from your record(s). Visit <a href="http://dor.mo.gov/offloc/">http://dor.mo.gov/offloc/</a> to locate an office near you. A faxed or mailed request will not be accepted. Identity and employment credentials of the applicant must be verified. If the applicant on this form is an immediate family member, the officer must accompany the applicant to the icense office as both identities must be verified.								
	Attach a list of vehicles if necessary.																	
(s)	Year	Make		Vehicle Identification Number										rent License ate Number	Expiration Year			
Vehicle(s)					1 1	Ш							Ш					
Ve						Ш							Ш					
				1 1	1 1	1 1		1 1					1 1					
	er penalties of p ontinue being a																	
Applicant Signature								Typed or Printed Name							Date (MM/DD/YYYY)			
If applicant is an immediate family member of an officer, officer must sign							ere. Typed or Printed Name						Date	Date (MM/DD/YYYY)				
	I have verified th	License Offi			er,													
if applicant was other than officer.								For Central Office Use										
Clari	<u> </u>	pplicant was oth	er than officer			Dro	anned D			For	Centr	al O	ffice l					
Clerk	if ap ID Number	pplicant was oth				Proce	essed By	r:		For	Centr	al O	ffice (		(MM/DD/YYYY) ///	)		

Mail to: Motor Vehicle Bureau P.O. Box 2076

Jefferson City, MO 65105-2076

**Phone:** (573) 526-1743 **Fax:** (573) 751-3551

Visit <a href="http://dor.mo.gov/offloc/">http://dor.mo.gov/offloc/</a> to view a list of office locations near you.

E-mail: protected.records@dor.mo.gov

