



Missouri Department of Revenue
Confidential Record Request

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.

Form fields for personal information: Name (Last, First, and Middle Initial), Driver License Number or SSN, ORI Number (if peace officer), Street Address, City, State, Zip Code, Date of Birth (MM/DD/YYYY), Agency Name, Position or Title of Officer, Daytime Telephone Number, and fields for other officer information.

Pursuant to Section 32.056 RSMo,

I certify that (select one):

- I am currently a, or
I am an immediate family member of a

Position of Applicant or Family Member (select one)

- county, state, or federal parole officer
federal pretrial officer
member of the federal judiciary
peace officer
person vested by Article V, Section 1 of the Missouri Constitution with judicial power of the state

Add Status section: Record(s) you wish to be confidential (Driver Record, Vehicle Registration Record(s)), and instructions to attach employment credentials.

Remove Status section: Record(s) you wish to remove the confidential status from (Driver Record, Vehicle Registration Record(s), etc.) and instructions to present form in person.

Attach a list of vehicles if necessary.

Table with 5 columns: Year, Make, Vehicle Identification Number, Current License Plate Number, Expiration Year.

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I further declare that when I discontinue being a county, state, or federal parole officer, federal pretrial officer or peace officer for any reason, I will notify the Department of Revenue.

Signature fields: Applicant Signature, Typed or Printed Name, Date (MM/DD/YYYY) for both applicant and family member.

For License Office Use Only: I have verified the identity of the applicant and of the officer, Clerk ID Number, Office Number.

For Central Office Use Only: Processed By, Date (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
E-mail: mvbmail@dor.mo.gov

Visit http://dor.mo.gov/offloc/ to view a list of office locations near you.

