



MISSOURI DEPARTMENT OF REVENUE
 DRIVER LICENSE BUREAU
 P.O. BOX 200
 JEFFERSON CITY, MO 65105-0200

Telephone (573) 751-2730
 Fax (573) 522-8174

FORM
4811
 (REV. 9-2005)

PARENTAL/GUARDIAN REQUEST TO DENY OR REINSTATE DRIVER LICENSE

CHILD'S LAST NAME	FIRST	MIDDLE INITIAL	CHILD'S DATE OF BIRTH	
CHILD'S STREET ADDRESS			CHILD'S DRIVER LICENSE NUMBER	
CITY			STATE	ZIP CODE

REQUEST TO DENY

I/WE HEREBY CERTIFY THAT:

I am the sole legal custodial parent or legal guardian of the above referenced child (requires the signature of custodial parent or guardian only) **OR** We are the joint legal custodial parents or legal guardians of the above referenced child (requires the signatures of both custodial parents or guardians)

- The above referenced child is not an emancipated minor.
- I/We request the Director of Revenue to deny issuance of a driver license to the above referenced child pursuant to Section 302.060(12), RSMo. In the case that a driver license has already been issued, I/we request that the Director of Revenue cancel such license.
- I/We understand that the above referenced child's driving privilege will be denied until such time that I/we request the Director of Revenue to reinstate the driving privilege, or until the person reaches the age of 18.

REQUEST TO REINSTATE

I/WE HEREBY CERTIFY THAT:

I am the sole legal custodial parent or legal guardian of the above referenced child (requires the signature of custodial parent or guardian only) **OR** We are the joint legal custodial parents or legal guardians of the above referenced child (requires the signatures of both custodial parents or guardians)

- I/We previously requested the Director of Revenue to deny the driver license of the above referenced child.
- I/We request the Director of Revenue to reinstate the driver license of the above referenced child pursuant to Section 302.060(12), RSMo.
- I/We understand that the above referenced child's driving status will be cleared for licensing.

I/WE FURTHER CERTIFY, under penalty of perjury and Chapters 302/303, RSMo, that the foregoing information is true and this certified statement is made without intent to defraud.

PARENT(S)' OR GUARDIAN(S)' LAST NAME			FIRST	MIDDLE INITIAL	PARENT(S)' OR GUARDIAN(S)' LAST NAME			FIRST	MIDDLE INITIAL	
DATE OF BIRTH		DRIVER LICENSE NUMBER			DATE OF BIRTH		DRIVER LICENSE NUMBER			
STREET ADDRESS			TELEPHONE HOME WORK		STREET ADDRESS			TELEPHONE HOME WORK		
CITY			STATE	ZIP CODE	CITY			STATE	ZIP CODE	
PARENT(S)' OR GUARDIAN(S)' SIGNATURE				DATE		PARENT(S)' OR GUARDIAN(S)' SIGNATURE				DATE

Submit this form to the Driver License Bureau, P.O. Box 200, Jefferson City, MO 65105-0200.

VISIT OUR WEB SITE AT WWW.DOR.MO.GOV