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Missouri Department of Revenue
License Office Employee List

The contractor must list all license office personnel below, including any staff retained from the license office and any new staff that have been approved for hire by the Department. Submit the form electronically within 15 calendar days after the contract effective date unless otherwise approved by the Department. If the form submission deadline is near and you have submitted required documents for potential employees that have not yet been approved by the Department, you may indicate they are pending approval by recording an asterisk (*) in front of their name.

New Contractors: Hiring staff must be a top priority. You cannot open the license office until you have sufficient staff approved and hired. Submit this form ASAP, even if you are retaining staff, so their computer system access can be transferred prior to the office opening.

License Office	Submitted By	Phone Number
		(__ __ __) __ __ __ - __ __ __ __

Management and Supervisory Staff

	Name (If pending approval, enter an * in front of the name; or list "None")	Number of Hours Will Work Per Week in This License Office	Worked at least 1 year in a license office during the last 5 years?	Access (MV, DL, or Both)
Contract Manager				
Office Manager				
Assistant Manager				
Other Supervisory Staff				

Other Staff

Attach additional pages if needed.

Select the appropriate column for each section

Position (Clerk, Greeter, etc.)	Name (If pending approval, enter an * in front of name)	Status: Full Time	Status: Part Time	Status: As Needed	Status: N/A	License Office Experience: Retained From Current Office	License Office Experience: Within Last 5 Years	License Office Experience: Older Than 5 Years	License Office Experience: Customer Service Exp. Only	License Office Experience: No Experience	Access: MV	Access: DL	Access: Both

Office Use Only

❒ Verified compliance regarding license office experience. Initials: _____ Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __	❒ Verified compliance regarding staffing commitments. Initials: _____ FT: _____ PT: _____ AN: _____ Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

Submit