

_ ا	Name						Security Access Code (if applicable)					
Information	Address						City				State	ZIP Code
	E-mail Address					Te	Telephone Number Fax Number					
П						(() -				_	
Information	Name As It Appears On Subject's Current Missouri Driver License or Record						Driver License or Social Security Number Date of Birth (MM/DD/YYY)					
Intor	Address As It Appears (On Subject's Current	: Missouri [Oriver Licens	se or Record	d Ci	ity			Stat	е	ZIP Code
	I hereby request the following record (please select the appropriate box(es): The fee is \$2.82 per record.											
	Driver Record*						her (Spec	ify)				
	Case History* (A case history consists of any open case or any reinstatement or termination case not less than two years old).											
	Case Document (Specify)*											
	Reinstatement Notice											
	Suspension Notice											
	Conviction (Ticket #)											
	☐ SR-22											
	Image Portfolio (License Photo)										
	`	Privilege Package	(Consists	s of a certif	fied							
		rtified SR-22, and										
	Device (IID) if ap	_										
			*Reco	ords May B	e Certified	I -						
•												
	Please send the above record(s) by: Mail Fax (Add \$0.50 per page faxed) E-mail											
	Select If Certified Record Requested											
	Records can be obtained by walk-in, mail-in, or e-mail request. The fee is \$2.82 per record. A convenience fee will be charged for credit or debit card transactions											
			Cash	Check	Money Order	Debit Card	Discover	Visa	American Express	Mastercard	k	
		Central Office Visit	~	~	~	~	~	~	~	~		
		Mail		~	~		~	~	~	~		
		Fax or E-mail					~	~	~	~		
	If you are paying by credit or debit card you must provide the following:											
	Name (as it appears on card)				/ре		Card Number Expiration D			Expiration Date		
	Requester's Signature					Printed Name						
[The Missouri Department of Revenue may electronically resubmit che						ed for insu	ufficient or u	uncollected	I funds.		
	Vou mouvisitus et C	Control Office Ller					loot I liab	Ctroot loff	oroon City	Missouri		

You may visit us at Central Office, Harry S Truman Building, Room 470, 301 West High Street, Jefferson City, Missouri.

Mail to: Driver License Bureau

DL Record Center P.O. Box 2167

Jefferson City, MO 65105-2167

Phone: (573) 526-2407 Fax: (573) 526-7367



E-mail: dlrecords@dor.mo.gov

Form 1745 (Revised 09-2022)

Visit dor.mo.gov/driver-license/resources/records.html for additional information.

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

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