



Requester Information	Name of Organization		Security Access Code (if applicable)	
	Address		City	
	State			
	Zip Code	Telephone Number () - - - - -	Fax Number () - - - - -	
E-mail Address				

For multiple record requests, please complete page 2.

Driver Information	Name (Last, First, and Middle Initial)	Social Security Number
	Driver License Number	Date of Birth (MM/DD/YYYY) ___/___/_____

Please send the documents as checked below:

- Certified copy of driving record only.
- Certified copy of driving record and most recent Notice of Suspension or Revocation.
- Notice of Suspension Effective Date (MM/DD/YYYY) ___/___/_____
- Convictions
 - All - prior 3 years
 - Major (6 points or more)
 - All - prior 5 years
 - BAC or DWI
- Case (Indicate each case number requiring certification).
 - All active suspensions, revocations, denials, or disqualifications
 - Alcohol related - Arrest Date (MM/DD/YYYY) ___/___/_____
 - Specific case (Must include case number). _____

Each case includes all letters, court orders and convictions.

Other

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Requester's Signature	Title
Requester's Printed Name		Date (MM/DD/YYYY) ___/___/_____

Mail to: Driver License Bureau
 DL Record Center
 P.O. Box 2167
 Jefferson City, MO 65105-2167

Phone: (573) 526-4400
Fax: (573) 751-8646
E-mail: dlrecords@dor.mo.gov

Visit <http://dor.mo.gov/drivers/records.php>
 for additional information.



	Name	Date of Birth (MM/DD/YYYY)	Driver License or Social Security Number
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