



Complete this form to request Driver License records (including your personal information on those records).

<b>Record Holder's Information</b>	First Name		Middle Initial	Last Name	
	Date of Birth (MM/DD/YYYY) ____/____/____		Missouri Driver License or Social Security Number		Daytime Telephone Number (____)____-____
	Mailing Address		City		State

<b>Driver License Records</b>	<input type="checkbox"/> Driver Record	<input type="checkbox"/> Clearance Letter (No Fee Required)
	<input type="checkbox"/> Image Portfolio (Black and White Photo)	<input type="checkbox"/> Temporary Driving Privilege (No Fee Required)
	<input type="checkbox"/> Other (Specify) _____	

Would you like the requested records to be sent somewhere other than to the record holder's address?  Yes  No

If yes, how would you like it to be sent?  Mail (provide alternate mailing address)  Fax (add \$0.50 per page faxed; provide fax number)

Name	Agency Name (If Applicable)	Fax Number (____)____-____	
Address	City	State	Zip Code

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. The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds. You may visit us at Central Office, Harry S Truman Building, Room 470, 301 West High Street, Jefferson City, Missouri.

	Cash	Check	Money Order	Debit Card	Discover	Visa	American Express	Mastercard	Total Record Fees	Convenience Fee
Central Office Visit	✓	✓	✓	✓	✓	✓	✓	✓	\$0.00 - \$50.00	\$1.25
Mail		✓	✓		✓	✓	✓	✓	\$50.01 - \$75.00	\$1.75
Fax					✓	✓	✓	✓	\$75.01 - \$100.00	\$2.15
									\$100.01 or more	2.15%

If you are paying by credit or debit card you must provide the following:

Name (as it appears on card)	Card Number	Expiration Date ____/____
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Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I authorize the Department of Revenue to send the requested record where I designated above.

Record Holder's Signature	Date (MM/DD/YYYY) ____/____/____
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<b>Notary Information</b>	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
		_____ day of		_____ year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) ____/____/____	
	Notary Public Signature			Notary Public Name (Typed or Printed)

**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](mailto:dlrecords@dor.mo.gov)

Visit <http://www.dor.mo.gov/>  
for additional information.

