



Missouri Department of Revenue
**Request for Motor Vehicle Records with
 Personal Information**

Instructions: This form must be fully completed and approved before a requester may obtain access to restricted information. Incomplete forms will be returned for more information. **Appropriate documentation must be submitted with this form to verify your eligibility to receive information under the provisions of federal Driver's Privacy Protection Act (DPPA) and Missouri law, including but not limited to, business license, insurance license, bar card, or other personal or professional credentials.**

Section A - Requester	Name of Entity or Organization			Telephone Number (____)____-____	Ext.	
	Requester Name	Select One: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> News Media <input type="checkbox"/> Corporation <input type="checkbox"/> Government Agent <input type="checkbox"/> LLC		Fax Number (____)____-____		
	Address	City		State	ZIP Code	
	Mailing Address (If Different)	City		State	ZIP Code	
	Describe the Primary Function of your Entity or Business					
	Describe in Detail How The Information Will Be Used					

Section B - Authorization	Requester hereby certifies to the Missouri Department of Revenue (Department) that this request for Missouri motor vehicle or driver license records or information is made under the provisions of the Federal Driver's Privacy Protection Act (DPPA) and Section 32.091, RSMo . Please review and carefully select all boxes that apply to requester to obtain personal information on a restricted record. Requester is seeking information:	
	<input type="checkbox"/>	(01) As a government agency (federal, state, or local) or on behalf of a government agency, in carrying out its government functions.
	<input type="checkbox"/>	(02) As a court (federal, state, or local) or on behalf of a court, in carrying out its court functions.
	<input type="checkbox"/>	(03) As a law enforcement agency (federal, state, or local) or on behalf of a law enforcement agency, in carrying out its law enforcement functions.
	<input type="checkbox"/>	(04) For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions, motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
	<input type="checkbox"/>	(05) For use as a legitimate business only (a) to verify the accuracy of personal information submitted by an individual to the business or its agents, employees, or contractors and (b) if such information is not correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies, or recovering on a debt or security interest, against the individual. (For individual requests only.)
	<input type="checkbox"/>	(06) For use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, abandoned property, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, or local court.
	<input type="checkbox"/>	(07) For use in research activities, and producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
	<input type="checkbox"/>	(08) As an insurer, insurance support organization, or self-insured entity for use in connection with claims investigation activities, antifraud activities, rating or underwriting.
	<input type="checkbox"/>	(09) For use in providing notice to the owners of towed or impounded vehicles. (Tow and impound companies only.)
	<input type="checkbox"/>	(10) For use by a licensed private investigative agency or licensed security service for a purpose permitted herein.
	<input type="checkbox"/>	(11) For use as an employer, its agent, or insurer in obtaining or verifying motor vehicle and driver record information relating to a holder of a commercial driver's license (CDL).
	<input type="checkbox"/>	(12) For use in the operation of a private toll transportation facility.
<input type="checkbox"/>	(13) To disseminate to the public in a newspaper, book, magazine, broadcast, or similar form of public communication, when such dissemination is related to the operation of a motor vehicle or to public safety.	

Signature	Requester certifies under penalty of perjury that: 1) all information on this application has been read and understood; 2) all information completed on this application is true and correct; and 3) the willful and unauthorized disclosure of information obtained from any Department record may result in penalties imposed under Title 18 U.S.C. Section 2724.	
	Requester understands that Section 302.170.7, RSMo , prohibits the sale of data derived from a person's driver's license application for commercial purposes, which includes purposes motivated primarily by financial gain such as, but not limited to, surveys, marketing or solicitations, without the express consent of the person to whom such information pertains. Requester shall not sell personal information for commercial purposes without such consent.	
	Signature(s) of Individual, Partner, Authorized Member or Corporate Officer, News Agent, or Government Agent	
Printed Name(s)		Title of Corporate Officer, News Agent, or Government Agent

Notary Required	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)			

Vehicle Owner's Name — Last, First, Middle Initial _____

Vehicle Owner's Street Address _____ City _____ State _____ ZIP Code _____

Motor Vehicle

1 Year _____ Make _____ Title Number _____

Vehicle Identification Number _____

License Plate Number _____ Expiration Year _____

2 Year _____ Make _____ Title Number _____

Vehicle Identification Number _____

License Plate Number _____ Expiration Year _____

Marine

1 Year _____ Make _____ Title Number _____

Identification Number _____ Expiration Year _____

Decal Number _____ MO Number _____

2 Year _____ Make _____ Title Number _____

Identification Number _____ Expiration Year _____

Decal Number _____ MO Number _____

Select Information Type (Records May Be Certified):

Current Owner or lienholder - Requester will receive only the name and address of the latest owner and lienholder when applicable on file.

Title History - Requester will receive a list that shows each time the ownership changed in this state, including the names and addresses of the owners.

Mileage History - Requester will receive a list that shows each time the ownership changed in this state, including the mileage, title numbers, and issue dates.

Name Search - Requester will receive a list of the current vehicles only registered in the owner's name.

Other (Requires Motor Vehicle Approval) - _____

Please send the above record(s) by: Mail Fax (Add \$0.50 per page faxed) Email _____

Select if Certified Record Requested

Records can be submitted 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	Total Record Fees	Convenience Fee
Central Office Visit	✓	✓	✓	✓	✓	✓	✓	✓	\$0.00 - \$50.00	\$1.25
Mail		✓	✓		✓	✓	✓	✓	\$50.01 - \$75.00	\$1.75
Fax or E-Mail					✓	✓	✓	✓	\$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:
 The Missouri Department of Revenue may electronically resubmit checks returned for insufficient or uncollected funds.

Name (as it appears on card) _____ Card Type _____ Card Number _____ Expiration Date ____ / ____

Requester's Signature _____ Printed Name _____

