

(REV.	08-2012)

LICENSE OFFICE		AGENT/MANAGER		PHONE NUMBER	PHONE NUMBER		
New Officers of the License Office must complete this form. The processing fee for the background check is \$10.00 and will be debited from the License Office Agent's monthly long and short account.							
FULL NAME			TITLE				
SOCIAL SECURITY NUMBER			HOME PHONE NUMBER				
DATE OF BIRTH			CELL PHONE NUMBER				
MAILING ADDRESS			EMAIL ADDRESS				
CITY, STATE, ZIP CODE			FAX NUMBER				
SPOUSE'S FULL NAME, if married and filing joint returns			SPOUSE'S MAILING ADDRESS				
SPOUSE'S SOCIAL SECURITY NUMBER			CITY, STATE, ZIP CODE				
SPOUSE'S DATE OF BIRTH			SPOUSE'S CELL PHONE NUMBER				
LIST ALL MOTOR VEHICLES, TRAILERS, ALL-TERRAIN VEHICLES, VESSELS, AND OUTBOARD MOTORS OWNED OR CO-OWNED BY THE PERSON THAT ARE REQUIRED TO BE TITLED IN MISSOURI. ALSO LIST ALL LEASED VEHICLES, IF RESPONSIBLE FOR THE REGISTRATION AND PAYMENT OF PERSONAL PROPERTY TAXES ON THE UNITS (Attach additional sheets if necessary):							
YEAR	MAKE/MODEL			VEHICLE ID # OR MISSOURI TITLE #			
1. ARE YOU, OR A FAMILY MEMBER, AN ELECTED OR APPOINTED OFFICIAL OF THE STATE OF MISSOURI OR ANY POLITICAL SUBDIVISION (OR EMPLOYED BY THEM)?							
2. ARE YOU A BUSINESS ENTITY WITH WHICH AN ELECTED OR APPOINTED OFFICIAL OR A FAMILY MEMBER OF AN ELECTED OR APPOINTED OFFICIAL IS ASSOCIATED?							
				AND SUBMIT WITH THIS			
DO YOU OWN A BUSINES MISSOURI SALES OR INC				SS FOR WHICH YOU ARE the business information			
DOING BUSINESS AS (DBA) NAME			LEGAL NAME OF BUSINESS FILED WITH IRS FOR THE TAX ID # LISTED BELOW				
IRS FORM 1099 MAILING ADDRESS			CITY, STATE, ZIP CODE				
CONTACT PERSON PHONE NUMBER			FAX NUMBER	EMAIL ADDRESS			
FEIN		MO TAX ID # or EXEMPTION #		•	CHARTER # / CERTIFICATE OF AUTHORITY #		
By my signature below, I hereby authorize the Missouri Department of Revenue (DOR) to check for compliance for at least the last five years of the: (1) Federal and Missouri tax records including, but not limited to, individual income tax, corporate tax, state sales and use tax, withholding tax, and employment security tax pertaining to me and to any corporations, partnerships or companies for which I am responsible; (2) the title and registration records on all vehicles, trailers, ATVs, vessels, and outboard motors (units) that I and any business for which I am responsible owns or co-owns for proper registration and any outstanding sales and use tax delinquencies; and (3) property tax payment records on the above units. I do hereby release the State of Missouri, Department of Revenue (DOR), and other persons, firms, corporations, and institutions from any and all liability or responsibility in the conduct of any such check or investigation and the disclosure of any information relating thereto. The authorization reflected above shall remain in full force and effect until such time as actual notice of termination of such authorization is delivered in writing to the DOR. A copy of this authorize the bolt muy criminal history or background, including any record of conviction, plea of guilty or nolo contendere or finding of guilt for a felony or misdemeanor. I authorize the DOR to disclose any of the above findings to the Agent/Manager of the license office listed above. I understand the DOR may conduct and/ or review a background investigation before rendering a decision regarding my eligibility to perform services and agree to cooperate in such investigation.							
AUTHORIZED SIGNATURE			DATE				
PRINTED NAME			TITLE				
OFFICE USE ONLY							
The Department of Revenue tax compliance review has been conducted.			The motor vehicle title and registration records and the personal property tax records for the vehicles listed above have been verified.				
SIGNATURE			DATE	SIGNATURE		DATE	