



<b>Requester Information</b>	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.

<b>Driver Information</b>	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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Signature</b>	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) 526-2407  
**Fax:** (573) 751-8646  
**E-mail:** [dlrecords@dor.mo.gov](mailto:dlrecords@dor.mo.gov)

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



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