	23					
	Name/Organization		Secur	rity Access (Code (if a	oplicable)
r n						
Requestor Information	Address	City			State	ZIP Code
Re Info	E-mail Address	elephone Number Fax Num		er		
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For multiple record requests, please complete page 2.

MISSOURI DEPARTMENT OF REVENUE

Request for Information

Form

lation	Name As It Appears On Subject's Current Missouri Driver License or Record	Driver License or Social Security Number	Date of Birth (MM/DD/YYYY			
Information	Address As It Appears On Subject's Current Missouri Driver License or Record	City	State	ZIP Code		
Record(s) Requested	I hereby request the following record (please select the appropriate box The fee is \$2.82 per record.	(es):				
	Driver Record*	Other (Specify)				
	Case History [*] (A case history consists of any open case or any reinstatement or termination case not less than two years old).					
	Case Document (Specify)*					
	Reinstatement Notice Case Number Suspension Notice					
	Conviction (Ticket #)					
	□ SR-22					
	Image Portfolio (License Photo)					
	Limited Driving Privilege Package (Consists of a certified driver record, certified SR-22, and a certified Ignition Interlock Device (IID) if applicable).					
	*Records May Be Certified					
	Please send the above record(s) by: Mail Fax (Add \$0.50 per page faxed) E-mail Select If Certified Record Requested					
	Records can be obtained by walk-in, mail-in, fax, or e-mail request. The fee is \$2.82 per record. Request that are submitted by mail-in, can only submit with a check or money order. You may visit us at central office, Harry S Truman Building, Room 470, 301 West High Street, Jefferson City, Missouri.					
	If you are paying by credit or debit card you will now be required to pay online for the record(s) requested. Once your request has been processed you will receive an e-mail notification of the amount due. This notification will be sent to the e-mail address provided on this form. Once the amount due is paid in full, your record(s) will be released to the e-mail address, mailing address or fax number you provided on this form. A convenience fee will be charged for credit or debit card transactions.					
	Requester's Signature Pr	rinted Name				
	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.					



benefits can be found at veteranbenefits.mo.gov/state-benefits/.

Fax: (573) 526-7367



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