



MISSOURI DEPARTMENT OF REVENUE  
 CUSTOMER SERVICES DIVISION  
**REQUEST FROM RECORD HOLDER**

FORM  
**4681**  
 (REV. 08-2008)

I hereby certify that my name is \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is \_\_\_\_\_, that my Missouri driver license number  
(Month/Day/Year)  
 is \_\_\_\_\_, that my present mailing address is \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Apartment/Unit) (City) (State) (Zip Code)  
 and that my daytime telephone number is (\_\_\_\_ \_\_ \_\_) \_\_\_\_\_  
(Include Area Code)

I am requesting the following records (including my personal information on those records):

**MOTOR VEHICLE RECORDS:**

- |  |   |
|--|---|
| <p><small>Year-Make-VIN</small></p> <p><input type="checkbox"/> Title record (specify current or history)</p> <p><input type="checkbox"/> Lienholder information</p> | <p><small>Registration (Plate) Number</small></p> <p><input type="checkbox"/> Registration record (license plates)</p> <p><input type="checkbox"/> Other(specify) _____</p> |
|--|---|

**DRIVER LICENSE RECORDS:**

- |  |   |
|--|---|
| <p><input type="checkbox"/> Copy of application (specify year) _____</p> <p><input type="checkbox"/> Driver record</p> <p><input type="checkbox"/> Other (specify) _____</p> | <p><input type="checkbox"/> Image portfolio (black and white permit/license photo)</p> <p><input type="checkbox"/> Clearance letter (no fee required).<br/>       Phone number (573) 751-2730</p> |
|--|---|

PLEASE SEND THE REQUESTED RECORD(S) BY

- MAIL** and/or  **FAX (add \$0.50 per page faxed)**

**PAYMENT OPTIONS**

Records can be obtained by walk-in, mail-in, fax, or e-mail request. The fee is **\$5.88 per record**. A convenience fee will be charged for credit/debit card transactions.

**Walk In:** DEBIT/CREDIT CARD (DISCOVER OR AMERICAN EXPRESS), CASH, CHECK, OR MONEY ORDER ACCEPTED.

Located at: CENTRAL OFFICE, HARRY S TRUMAN BUILDING, ROOM 360, 301 WEST HIGH STREET, JEFFERSON CITY, MISSOURI

**Mail-In:** CREDIT CARD (DISCOVER, VISA, AMERICAN EXPRESS, OR MASTERCARD), CHECK, OR MONEY ORDER ACCEPTED.

Mail request to: CUSTOMER SERVICES DIVISION - RECORD SALES, PO BOX 2167, JEFFERSON CITY, MISSOURI 65105-2167

**Fax or E-mail:** CREDIT CARD (DISCOVER, VISA, AMERICAN EXPRESS, OR MASTERCARD) ACCEPTED.

Fax request to: (573) 526-7367 or e-mail request to: [drecords@dor.mo.gov](mailto:drecords@dor.mo.gov)

**NOTE: AMERICAN EXPRESS AND DISCOVER CREDIT CARDS CHARGE A 3% CONVENIENCE FEE.  
 DEBIT CARDS CHARGE A 2.5% CONVENIENCE FEE.**

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

NAME (AS IT APPEARS ON CARD)	CARD TYPE	CARD NUMBER	EXPIRATION DATE ____/____
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I hereby authorize the Missouri Department of Revenue to  fax  mail this record information to:

Name: \_\_\_\_\_ Fax: (\_\_\_\_ \_\_ \_\_) \_\_\_\_\_ - \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Agency Name (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_



RECORD HOLDER'S SIGNATURE

DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTARY INFORMATION**

NOTARY PUBLIC EMBOSSEER OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		

**THE MISSOURI DEPARTMENT OF REVENUE MAY ELECTRONICALLY RESUBMIT CHECKS RETURNED FOR INSUFFICIENT OR UNCOLLECTED FUNDS**