



MISSOURI DEPARTMENT OF REVENUE
MOTOR VEHICLE AND DRIVER LICENSING DIVISION
REQUEST FROM RECORD HOLDER

FORM
4681
(REV. 05-2013)

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 is _____,
(Month/Day/Year)
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:** _____
Year-Make-VIN _____ Registration (Plate) Number _____
- Title record (specify current or history) Registration record (license plates)
 Lienholder information Other(specify) _____
- DRIVER LICENSE RECORDS:**
- Copy of application (specify year) _____ Image portfolio (black and white permit and license photo)
 Driver record Clearance letter (no fee required)
 Other (specify) _____ Phone number (573) 751-2730
 Temporary Driving Privilege _____ (duplicate license fee may apply)

PLEASE SEND THE REQUESTED RECORD(S) BY
 MAIL or FAX (add \$0.50 per page faxed)

PAYMENT OPTIONS

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

PAYMENT OPTIONS	CENTRAL OFFICE VISIT	MAIL	FAX OR E-MAIL
CASH	✓		
CHECK	✓	✓	
MONEY ORDER	✓	✓	
DEBIT CARD	✓		✓
DISCOVER	✓	✓	✓
VISA	✓	✓	✓
AMERICAN EXPRESS	✓	✓	✓
MASTERCARD	✓	✓	✓

TOTAL RECORD FEES	CONVENIENCE FEE
\$0.00 - \$33.00	\$1.00
\$33.01 - \$100.00	3.00%
\$100.01 - \$250.00	2.95%
\$250.01 - \$500.00	2.85%
\$500.01 - \$750.00	2.85%
\$750.01 - \$1,000.00	2.80%
\$1,000.01 - \$1,500.00	2.75%
\$1,500.01 - \$2,000.00	2.70%
\$2,000.01 or more	2.60%

Mail to: Motor Vehicle and Driver License Bureau-Record Center, PO Box 2167, Jefferson City, MO 65105-2167
Fax or E-Mail to: (573) 526-7367 dlrecords@dor.mo.gov
Visit at: Central Office, Harry S Truman Building, Room 370, 301 West High Street, Jefferson City, MO

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

NAME (AS IT APPEARS ON CARD)	CARD TYPE	CARD NUMBER	SECURITY CODE	EXPIRATION DATE
_____	_____	_____	_____	____/____/____

I hereby authorize the Missouri Department of Revenue to fax mail this record information to:
Name: _____ Fax: (_____) _____ - _____
Agency Name (if applicable) _____
Address: _____

RECORD HOLDER'S SIGNATURE _____ DATE (MM/DD/YYYY) ____/____/____
PRINTED NAME _____

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)	

USE RUBBER STAMP IN CLEAR AREA BELOW.