



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 EMBOSSER 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.**

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