## Missouri Department of Revenue Request for Information

Form

1745

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5	Name							Security Access Code (if applicable)						
Requestor	Address							City			Sta	ate	ZIP Code	
<u>Inf</u>	E-mail Address							Telephone Number Fax Number						
													_	
							10	/		\	/			
	Name As It Appears On Subject's Current Missouri Driver License or Record							Missouri Classified License Number Date of Birth (M						
ion H	Name As it Appears on Subject's Current Missouri Driver License of Record						'						,	
subject nformation													_/	
	Address As It Appears On Subject's Current Missouri Driver License or Record							City State ZIP C				P Code		
Ē														
							I							
	I hereby request the following record (please select the appropriate box(es): The fee is \$2.82 per record.													
	Driver Record*													
Record(s) Requested	Case History* (A case history consists of any open case or any								'y)					
	reinstatemer		,											
	Case Document	(Specify)*	*											
	Reinstatement Notice													
	Suspension Notice													
d(s)	Conviction (Ticket #)													
Sor	SR-22													
Red														
	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													
				11000										
	[			_										
	Please send the above record(s) by: Mail Fax (Add \$0.50 per page faxed)													
	Select If Certified Record Requested													
	Records can be obtained by walk-in, mail-in, or e-mail request. The fee is \$2.82 per record. A convenience fee will be charged for credit or debit card transactions.													
				Money	Debit			American						
<i>'</i> 0		Cash	Check	Order	Card	Discover	Visa	Express	Mastercard		ecord Fees	С	onvenience Fee	
otions	Central Office Visit	~	~	~	<b>~</b>	✓	~	~	~		- \$50.00	_	\$1.25	
	Mail		~	~		~	~	~	~		1 - \$75.00 - \$100.00		\$1.75 \$2.15	
0 t	Fax or E-mail					~	<b>~</b>	~	~		1 or more		2.15%	
Payment O	If you are paying by credit or debit card you must provide the following:													
ay	Name (as it appears on card) Card Type							C	ard Number			Ex	piration Date	
													/	
	Requester's Signature							Printed Name						
	The Missouri Department of Revenue may electronically resubmit check You may visit us at Central Office, Harry S Truman Building, Room 37													
	You may visit us	at Centra	I Office, Ha	arry S Trun	han Buildi	ng, Room 3	370, 301	West High	Street, Jefferso	n City, Mi	ssouri.			

Mail to: Driver License Bureau DL Record Center P.O. Box 2167 Jefferson City, MO 65105-2167

 Phone:
 (573) 526-3669

 Fax:
 (573) 526-7367

 E-mail:
 <u>dlrecords@dor.mo.gov</u>

Form 1745 (Revised 07-2016)



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