



MISSOURI DEPARTMENT OF REVENUE
 DIVISION OF MOTOR VEHICLE AND DRIVERS LICENSING
RESTRICTION OF INFORMATION

FORM
4568
 (REV. 8-01)

NAME LAST		FIRST		MIDDLE INITIAL	CLASSIFIED LICENSE NUMBER/SOCIAL SECURITY NUMBER	
STREET ADDRESS					DATE OF BIRTH	DAYTIME TELEPHONE NUMBER ()
CITY			STATE	ZIP CODE	POSITION OR TITLE OR RELATIONSHIP TO OFFICER	
IF APPLICANT IS OTHER THAN OFFICER, PROVIDE OFFICER'S NAME						
PREVIOUS NAME						

MOTOR VEHICLE RECORDS

Please check this box if you are requesting restriction of information regarding your motor vehicle registration records.

PLEASE DO NOT RELEASE ANY INFORMATION ON MY VEHICLE REGISTRATION RECORDS.

If you restrict your motor vehicle records, **NO ONE** will have access to your motor vehicle records including your insurance company or law enforcement. This may require you to provide additional proof of ownership or registration if you are stopped by law enforcement. Each time you title, register, or sell a vehicle, you must complete and submit this form and the appropriate application to the Driver and Vehicle Services Bureau, PO Box 100, Jefferson City MO 65105-0100, so your records can be updated accordingly. Telephone: (573) 751-4509, Fax: (573) 751-7060. You are not required to use this form when you renew your registration provided you use the confidential renewal notice the department issues to you. **To obtain a copy of your motor vehicle records, you must come to the Central Office, Harry S Truman State Office Building, Room 370, Jefferson City, MO.** Please list below information regarding vehicles registered in your name that you want restricted. (Attach additional sheet if necessary.)

	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	CURRENT LICENSE PLATE NUMBER	EXP. YEAR
1.					
2.					
3.					
4.					

DRIVER LICENSE RECORDS

Please check this box if you are requesting restriction of information regarding your driver record for the first time. Request for restriction of information is only required one time for driver records. If you are only requesting restriction of driver record information, you must send this form to the Customer Assistance Bureau, PO Box 200, Jefferson City MO 65105-0200. Telephone: (573) 751-2730, Fax: (573) 522-8174. E-mail: dlbmail@mail.dor.state.mo.us

PLEASE DO NOT RELEASE ANY INFORMATION ON MY DRIVING RECORD.

If you restrict your driving record, **NO ONE** will have access to your driver record including your insurance company or law enforcement. This may require you to provide additional proof of identification if you are stopped by law enforcement. **To obtain a copy of your driver record or image portfolio, you must come to the Central Office, Harry S Truman State Office Building, Room 225, Jefferson City, MO.**

I certify that I am a county, state or federal parole officer, federal pretrial officer or peace officer pursuant to section 590.100, RSMo, or member of their immediate family, and the facts provided herein are in conjunction with this application are true to the best of my knowledge. When I discontinue being a county, state or federal parole officer, federal pretrial officer or peace officer for any reason, I will notify the Department of Revenue.

Check this box if you are notifying the Department of Revenue that you are no longer a county, state or federal parole officer, federal pretrial officer or peace officer pursuant to section 590.100, RSMo, or member of their immediate family, or if you no longer want your motor vehicle or driving record information restricted.

SIGNATURE				DATE	KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS
-----------	--	--	--	------	--

FOR OFFICE USE ONLY					
DVSB	ACTIVITY CODE	BATCH NUMBER	PROCESSED BY	DATE	If form indicates restriction of information requested for other bureau, forward a copy of this form to that bureau.
CAB	ACTIVITY CODE	BATCH NUMBER	PROCESSED BY	DATE	DATE FORM SENT TO OTHER BUREAU IF APPLICABLE