



MISSOURI DEPARTMENT OF
REVENUE
Bulk and Customized Record Request Form

This form must be completed and accompany all written requests for Department of Revenue bulk or customized information. Verbal requests will not be processed. You must complete and submit this form to the address listed below every 12 months to continue to receive reports and information.

Requestor Information	Name of Authorized Person		Title		Company			
	State Data Center (SDC) Access Code			<input type="checkbox"/> N/A			Driver's Privacy Protection Act (DPPA) Security Access Code *	
	Address **				City		State	Zip Code
	E-mail Address					Telephone Number (____)____-____		

* Required to receive restricted data from our files. (Not applicable for taxation record requests.)
 ** Must be the same as on file with DPPA security access code, if applicable. If different, a new DPPA code must be requested for each separate address. Data will be sent to this address.

Standard Bulk Report	Program Number _____
	Include quantity and frequency. _____ _____ _____ _____

Customized Report	Select records by the following criteria.
	<input type="checkbox"/> Driver License System
	<input type="checkbox"/> Dealer Registration
	<input type="checkbox"/> General Motor Vehicle Registration
	<input type="checkbox"/> Marine Registration
	<input type="checkbox"/> Taxation Information (May require power of attorney or other legal review prior to releasing.)
<input type="checkbox"/> Titles and Liens	

Purpose of Request	Describe how the information will be used. (Required)
	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Customized Report	Do you plan on reselling the information? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please provide the method used to sell the information and any associated web sites. (Required and please be specific.) _____ _____ _____ _____ _____ _____ _____ _____

Sort Data Options	Select (A) for ascending or (D) for Descending.
	First Sort - Data Field _____ <input type="checkbox"/> A or <input type="checkbox"/> D
	Second Sort - Data Field _____ <input type="checkbox"/> A or <input type="checkbox"/> D
Other (Please specify.) _____	

Output Media	The data requested will be provided through a Secured FTP Site.
	Comma Delimited <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Signature of Authorized Requestor or Security Access Code Number Holder	Date (MM/DD/YYYY) ____/____/____

DOR Use Only

The above customer is authorized to receive the information in accordance with the Driver's Privacy Protection Act (DPPA) or Section 32.057, RSMo , and I authorize our information technology staff to extract the information above.			
Administrator's or Designee Signature		Security Access Verified? <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Report is Routine or Reoccurring? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, discontinue report on Date (MM/DD/YYYY) (Not authorized to produce report or information beyond 12 months.) ____/____/____		
Bureau Name	Date (MM/DD/YYYY) ____/____/____	Date Submitted to ITSD (MM/DD/YYYY) ____/____/____	OHD Ticket Number

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

Phone: (573) 751-7675
Fax: (573) 526-7367
E-mail: DOR.MVDL.DPPA@dor.mo.gov

Form 5153 (Revised 10-2018)



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