



MISSOURI DEPARTMENT OF REVENUE
 MOTOR VEHICLE AND DRIVER LICENSING DIVISION
 P.O. BOX 2167
 JEFFERSON CITY, MO 65105-2167

FORM
4424
 (REV. 07-2009)

**REQUEST FOR NATIONAL DRIVER REGISTER FILE CHECK
 ON CURRENT OR PROSPECTIVE EMPLOYEE**

EMPLOYER INFORMATION

EMPLOYER OR AGENCY NAME			<input type="checkbox"/> PLEASE CHECK IF RAILROAD COMPANY	
MAILING ADDRESS			TELEPHONE NUMBER ()	
CITY	STATE	ZIP CODE	FAX NUMBER ()	

I certify the individual named below is an employee, or has applied to become an employee, of the company in a position which involves the operation of a motor vehicle, locomotive or aircraft. **(Signature required if submitted by employer)**

EMPLOYER'S SIGNATURE	DATE
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EMPLOYEE INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)				
OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER)			HOME TELEPHONE NUMBER (OPTIONAL) ()	
RESIDENCE ADDRESS			WORK TELEPHONE NUMBER (OPTIONAL) ()	
CITY			STATE	ZIP CODE
DRIVER'S LICENSE NUMBER		ISSUING STATE	SOCIAL SECURITY NUMBER (OPTIONAL - SEE REVERSE SIDE)	
BIRTHDATE (MONTH, DAY, YEAR)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	EYE COLOR

I am an employee, or have applied to become an employee, of the above named company in a position which involves the operation of a motor vehicle, locomotive or aircraft. I authorize the Department of Revenue and the National Driver Register to furnish, for this one time only, information pertaining to my driving record to the company identified above. **Note: See the back side of this form for information on NDR.**

EMPLOYEE'S SIGNATURE	DATE
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NOTARY INFORMATION (Required only if request form is not delivered in person by the current/prospective employee)

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.

DEPARTMENT OF REVENUE USE ONLY

PROOF OF IDENTIFICATION (REQUIRED ONLY IF EMPLOYEE DELIVERS REQUEST FORM) <input type="checkbox"/> VALID-OUT-OF STATE LICENSE NUMBER _____ <input type="checkbox"/> BIRTH CERTIFICATE NUMBER _____ <input type="checkbox"/> MILITARY DISCHARGE PAPERS ID NUMBER _____ <input type="checkbox"/> PASSPORT NUMBER _____ <input type="checkbox"/> US IMMIGRATION RESIDENT ALIEN NUMBER _____ <input type="checkbox"/> OTHER _____ TWO DOCUMENTS WITNESSED BY _____	REMARKS/TELLER STAMP	FEE CHARGED
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Information furnished from this request is governed by Federal and State Protection Acts and the Federal Fair Credit Reporting Act. It is to be used for the sole purpose for which it was requested. Any other use or dissemination of the information shall be unlawful. Penalties may include up to one year in jail and a \$10,000 fine, according to Section 208 of Public Law 97-364. **See reverse side.**

INFORMATION FOR THE EMPLOYEE**WHAT IS NDR?**

The National Driver Register (NDR) is a national clearing house of driver license information. NDR contains information provided by state driver licensing officials for drivers whose licenses have been canceled, denied, revoked or suspended or who have been convicted of certain serious traffic violations. Any person may request an NDR file check for their driver record and obtain a copy of the record if one exists.

EMPLOYER REQUESTS FOR NDR FILE CHECKS

Your employer is required to obtain your authorization each time the employer requests information on your record from NDR. Data requested on this form is by the authority of Public Law 97-364.96 Stat 1740, as amended (23 U.S.C. 401 note); delegation of authority at 49 CFR 1.50.

SOCIAL SECURITY NUMBER (Optional)

Disclosure of your social security number is not mandatory; however, providing the number will assist in obtaining the record(s) requested.

THE FOLLOWING INFORMATION WILL BE FURNISHED ON THE NDR TRANSCRIPT:

- ▶ Your name, date of birth (month, day, year), sex, height, weight and eye color (as shown on this form).
- ▶ The name, date of birth, sex, height, weight, eye color and driver license number on all possible record matches in the NDR files is based on the identification data you furnish.
- ▶ A statement indicating that the possible matches furnished on the transcript may not be the same person for whom the record has been requested. This statement is necessary because often records may have the same name or similar name, date of birth and other identifying information and may not pertain to you.

No suspension, revocation, or conviction data will be displayed on the NDR record. Your employer will need to contact the state where each record originated to obtain this information and verify the identity of each possible match. The state may provide information which may affect your employment status. The address and telephone number for each state driver licensing agency where the information can be requested will be furnished on the NDR transcript.

If the NDR has no record for you in their files, the transcript will indicate this.

As the employee, you have the right to review your record(s) from the state(s) as provided to your employer.

PLEASE SEND THE REQUESTED RECORD(S) BY

MAIL and/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/debit card transactions.	PAYMENT OPTIONS	CENTRAL OFFICE VISIT	MAIL	FAX OR E-MAIL	TOTAL RECORD FEES	CONVENIENCE FEE
						\$0.00-\$33.00
	CASH	✓			\$33.01-\$100.00	3.00%
	CHECK	✓	✓		\$100.01-\$250.00	2.95%
	MONEY ORDER	✓	✓		\$250.01-\$500.00	2.85%
	DEBIT CARD	✓			\$500.01-\$750.00	2.85%
	DISCOVER	✓	✓	✓	\$750.01-\$1,000.00	2.80%
	VISA	✓	✓	✓	\$1,000.01-\$1,500.00	2.75%
	AMERICAN EXPRESS	✓	✓	✓	\$1,500.01-\$2,000.00	2.70%
	MASTERCARD	✓	✓	✓	\$2,000.01 or more	2.60%

Mail to: Motor Vehicle and Driver License Bureau-Record Sales, 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 360, 301 West High Street, Jefferson City, MO

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

NAME (AS IT APPEARS ON CARD)	CARD TYPE	CARD NUMBER	EXPIRATION DATE ___/___/___
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REQUESTOR'S SIGNATURE

DATE

___/___/___

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