



Dealer Information

Dealer Name (as indicated on the dealer license): _____ Dealer Number: _____

I am a principal who is an officer authorized to bind for all purposes the motor vehicle dealer identified above or I am the owner of the motor vehicle dealership identified above.

I hereby authorize and request the Department of Revenue to release the following information contained in the Department's records pertaining to the above referenced dealer license (must select one of the following):

- All information; or
- Information pertaining to the specific licensure year(s) of: _____.

Individual or Entity Information

The information authorized to be released in accordance with this request is authorized to be released only to the following individual or entity:

Individual or Entity Name: _____

This authorization shall be effective the date of this signing and shall remain in effect until revoked by an authorized representative of the motor vehicle dealer providing such authorization.

Disclaimer: I hereby agree to release, waive and discharge any claims whatsoever, including claims of negligence, that have or may arise against the Department, its director, agents or employees from any and all liability or damages related to the authorized or unauthorized disclosure of information, including confidential information as that information may be described by state or federal law.

Under penalties of perjury, I declare that I have examined this authorization, and, to the best of my knowledge, it is true, correct, and complete.

Signature

Under penalties of perjury, I further declare that I have the authority to make such declarations on behalf of the motor vehicle dealer identified on this release.

Signature	Relationship To The Dealer (i.e. Owner, President, etc.)	
Printed Name	Date (MM/DD/YYYY) ___/___/_____	

Notary Information

Note: License Office notary service - \$2.00

Embossed or black ink rubber stamp seal	Subscribed and sworn before me, this		
	_____ day of		_____ year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) ___/___/_____
	Notary Public Signature		
Notary Public Name (Typed or Printed)			