



Missouri Department of Revenue  
**Parental or Guardian Request to Deny or Reinstate Driver License**

<b>Child's Information</b>	Name (Last, First, and Middle Initial)			
	Address	City	State	ZIP Code
	Date of Birth (MM/DD/YYYY) ____/____/____		License, Permit or Social Security Number	

<b>Request to Deny</b>	<p>I or We hereby certify that:</p> <p><input type="checkbox"/> I am the sole legal custodial parent or legal guardian of the above referenced child (requires the signature of custodial parent or guardian). or</p> <p><input type="checkbox"/> We are the joint legal custodial parents or legal guardians of the above referenced child (requires the signatures of <u>both</u> custodial parents or guardians).</p> <p>1. The above referenced child is not an emancipated minor.</p> <p>2. I or We request the Director of Revenue to deny issuance of a driver license to the above referenced child pursuant to <a href="#">Section 302.060(12), RSMo</a>. In the case that a driver license has already been issued, I or We request that the Director of Revenue deny a driving privilege to the above referenced child.</p> <p>3. I or We understand that the above referenced child's driving privilege will be denied until such time that I or We request the Director of Revenue to reinstate the driving privilege, or until the above referenced child reaches the age of 18.</p>
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<b>Request to Reinstate</b>	<p>I or We hereby certify that:</p> <p><input type="checkbox"/> I am the sole legal custodial parent or legal guardian of the above referenced child (requires the signature of custodial parent or guardian). or</p> <p><input type="checkbox"/> We are the joint legal custodial parents or legal guardians of the above referenced child (requires the signatures of <u>both</u> custodial parents or guardians).</p> <p>1. I or We previously requested the Director of Revenue to deny the driving privilege of the above referenced child.</p> <p>2. I or We request the Director of Revenue to reinstate the driving privilege of the above referenced child pursuant to Section 302.060(12), RSMo.</p> <p>3. I or We understand that the above referenced child's driving privilege will be cleared for issuance or return of a license.</p>
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I or We further certify, under penalty of perjury and [Chapter 302, RSMo](#), that the foregoing information is true and this certified statement is made without intent to defraud.

<b>Parent or Guardian Information and Signature</b>	Name (Last, First, and Middle Initial)		Date of Birth (MM/DD/YYYY) ____/____/____	
	Address	City	State	ZIP Code
	Driver License Number	Home Phone Number (____) - ____ - ____	Work Phone Number (____) - ____ - ____	
	Parent or Guardian Signature			Date (MM/DD/YYYY) ____/____/____

<b>Parent or Guardian Information and Signature</b>	Name (Last, First, and Middle Initial)		Date of Birth (MM/DD/YYYY) ____/____/____	
	Address	City	State	ZIP Code
	Driver License Number	Home Phone Number (____) - ____ - ____	Work Phone Number (____) - ____ - ____	
	Parent or Guardian Signature			Date (MM/DD/YYYY) ____/____/____

Form 4811 (Revised 02-2014)

**Mail to:** Driver License Bureau  
P.O. Box 200  
Jefferson City, MO 65105-0200

**Phone:** (573) 526-2407  
**Fax:** (573) 522-8174  
**E-mail:** [dlbmail@dor.mo.gov](mailto:dlbmail@dor.mo.gov)  
Visit <http://www.dor.mo.gov/drivers/> for additional information.

