



Missouri Department of Revenue
Statement of Facts and Incident

Please print or type when completing this form.

Comes Now, _____, agent or employee with the Department of Revenue's _____, Contract Office and hereby states he or she believes the applicant or person provided false or fraudulent information or documentation, or concealed a material fact, or otherwise committed a fraud in such application on _____, at _____ A.M. or P.M., in violation of Sections [302.177](#) and [302.233](#) RSMo, for the following reason(s):

Fraudulent Individual Information	Please provide information regarding the individual who has attempted fraud (if available).	
	Name	
	Driver License or Social Security Number	Date of Birth (MM/DD/YYYY) ____/____/____
Information or Documentation Presented as Proof of Identity		

Image Portfolio or copy of Missouri Driver License, Nondriver License, or Permit, if applicable.
(The individual in this photograph has been identified as the person who presented the fraudulent or false documents.)

Is the customer's address shown on the proof of identity document? Yes No

If yes, is the address shown on the document still correct? Yes No

If no, what is the customer's current address? _____

I was unable to obtain the customer's address.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Agent or Employee's Signature	Title
	Agent or Employee's Printed Name	Date (MM/DD/YYYY) ____/____/____

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

Phone: (800) 347-6497
Fax: (573) 751-2722
E-mail: dlbmail@dor.mo.gov

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

Form 5094 (Revised 08-2013)

