



# OFFICE *of* ADMINISTRATION

## AUTHORIZED SIGNATURES

### DEPARTMENT OF REVENUE - SPRINGFIELD LICENSE AGENT

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Carter	Leslie		149 Park Central Square, Room 252	Springfield, MO 65806	SpringfieldAO@dor.mo.gov	417-869-5101
AA	Mollenkamp	John	Acting Director	Truman Building Room 670	Jefferson City, MO 65102	john.mollenkamp@dor.mo.gov	573-751-5671

\*SA = SIGNATURE AUTHORITY  
AA = APPOINTING AUTHORITY  
POC = POINT OF CONTACT