

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
REQUEST FOR DRIVING RECORD

There is a \$10 fee for each type of driving record selected. PLEASE PRINT CLEARLY.

SELECT RECORD TYPE:

- FULL INDIVIDUAL RECORD**
 Shows current driving record status, and includes all convictions, license actions, and at-fault accidents on record; includes full medical certification details for commercial (CDL) drivers.
- INSURANCE RECORD**
 Shows current driving record status, and 3 or 5 year history of convictions, license actions, and at-fault accidents required for vehicle insurance purposes; excludes any medical certification information on record. (3 or 5 year reporting requirement is based on the type of conviction or action.)
- CDL EMPLOYMENT RECORD**
 Shows current driving record status; full medical certification information; and conviction, license action, and at-fault accident information as required by DOT regulations for commercial (CDL) drivers. CDL drivers must select this type of record when used for CDL employment purposes.

Submit request to DMV Research:
 1300 W. Benson Blvd., Suite 410
 Anchorage, AK 99503
 Phone: 907-269-3754
 Fax: 907-269-5202
 Email: doa.dmv.research@alaska.gov

REQUESTOR INFORMATION

Requestor Name		Phone Number	
Alaska Driver License Number	OR	Date of Birth	AND
		Social Security Number	

RELEASE TO ANOTHER PERSON OR COMPANY (OPTIONAL)

	By initialing this box I authorize the DMV to release my driving record to the person or company listed below:
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Printed Name	Contact Phone Number
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I WANT MY RECORD TO BE SENT VIA: Email Fax Mail (Select only one)

Email Address	Fax Number
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Mailing Address

Signature of Requestor	Date (Valid for 90 days)
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PAYMENT INFORMATION

Make check or money order payable to DMV or State of Alaska. DO NOT MAIL CASH.

MasterCard or Visa #	Expiration Date
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Name as shown on card	Security Code (3 digit code on back of card)
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I understand that my credit card will be charged \$10 for each driving record.

Signature of credit card holder	Date (Valid for 90 days)
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DMV USE ONLY

<input type="checkbox"/> I have verified ID for in-person request	BATCH	AMVC ID / OFFICE	\$10
Expiration Date:			FEE: CA CC CK