

Instructions for AK Driving Record Release

Applicant/employee should fill out the following information ONLY:

- Record type, choose one of the following:
 - Full Record Non-CDL (for Non-CDL licenses)
 - Record for CDL Employment / CDL Holder (for CDL licenses)
- Requestor Name
- Phone number
- AK Driver's License Number **OR** Date of Birth & SSN
- Initial the box in the Release area
- Signature and Date of Requestor

Do NOT fill out the credit card information OR sign the credit card authorization at the bottom. Please leave those BLANK.

Once filled out, please fax to (800) 403-9044.

DO NOT SEND DIRECTLY TO THE STATE!

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
REQUEST FOR DRIVING RECORD

There is a \$10 fee for each driving record. PRINT CLEARLY.

SELECT RECORD TYPE:

- Insurance Record** (no CDL medical cert.)
 Full Record Non-CDL (no CDL medical cert.)
 Record for CDL Employment / CDL Holder (includes CDL medical cert.)

If you have a CDL, only a Record for CDL Employment / CDL Holder can be provided per 2 AAC 90.470(d)

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

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
Name as shown on card	Security Code (3 digit code on back of card)

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. Expiration Date:	BATCH	AMVC ID / OFFICE	\$10
			FEE: CA CC CK