

**STATE OF ALASKA  
DIVISION OF MOTOR VEHICLES  
COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS**

Company or Business Name (Please Print)	Telephone Number
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The undersigned authorizes the DMV to release their driving record to the above business or company:

ALASKA DRIVER LICENSE NUMBER	PRINTED NAME	CIRCLE RECORD TYPE**			SIGNATURE	DATE (Valid for 90 days)
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		
		Full Individual	Insurance	CDL Employment		

**\*\* Driving Record Types (What's the difference?)**

**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:**  
 3901 Old Seward Highway, Ste 101  
 Anchorage, AK 99503  
 Phone: 907-269-5551  
 Email: [doa.dmv.research@alaska.gov](mailto:doa.dmv.research@alaska.gov)  
 Fax: (907) 269-5202

I want the driving records to be sent via:  Email  Mail (Select only one)

Mailing Address	
City / State / Zip	Email

DMV USE ONLY			
<input type="checkbox"/> I have verified ID for in-person request Expiration Date:	BATCH	LOGIN ID / OFFICE	TOTAL FEES: _____ CA CC CK