



State of Alaska
Division of Motor Vehicles
Credit Card Authorization Form

Driver license records are confidential; therefore, you may only obtain your personal record, unless you have a signed release to obtain a record for another person per AS 28.10.505. Please call (907) 269-5551 for questions regarding this form or the reinstate process.

CREDIT CARD HOLDER INFORMATION
Please DO NOT email or fax credit card information.

Please check credit card type: [] Visa [] MasterCard
Credit card number: ___/___/___/___ Visa Card only - VIN Code: ___
Expiration Date: ___/___ (mm/yy)
Name as it appears on the credit card: _____

Please check the following that apply:
[] Reinstatement fee: \$_____
[] Other: Explain _____ \$_____
Total amount to be charged: \$_____

Daytime Phone Number: _____
Cardholder Signature: _____ Date: _____

RECORD/DRIVER INFORMATION

Name as it appears on Driver's License: _____
Record/Driver license number: _____
OR Date of Birth: ___/___/___ AND SSN: ___/___/___
mm dd yyyy

The Record Holder/Driver may request a clearance letter by completing a Driving Record Request (Form 419F) and sending along with this Credit Card Authorization Form. There is a \$10 additional fee for a clearance letter.

MAIL: Division of Motor Vehicles
3901 Old Seward Hwy STE 101
Anchorage, AK 99503-3600

Allow 3 business days for processing.

www.alaska.gov/dmv