

STATE OF ALASKA
REQUEST FOR DRIVING RECORD

Driving records are valid for 30 days.

I am requesting the following:

Driving Record (5 year / Insurance)

Driving Record (Full/CDL)

I would like the record to be mailed or faxed (circle one) to the address or fax number shown below.

Your name, as shown on your Alaska license _____

Your signature _____

Telephone _____ Fax _____

Mailing address _____

ALASKA Driver License Number **OR** Date of Birth **AND** Social Security Number

Purpose of record: _____

Please complete the following when requesting information via fax. If your request is made by mail, include a check or money order payable to State of Alaska or DMV.

MasterCard or Visa # _____ Expiration Date _____

Security Code (3 digit code on back of card) _____

Name as shown on card _____

I understand that my credit card shown above will be charged \$10.00 for each driving record requested.

Signature _____ Date _____
(Signature of credit card holder.) (Valid for 90 days)

FAX: 1-907-269-5202 (Research Dept.)

**MAIL: Division of Motor Vehicles
ATTN: RESEARCH
1300 W. Benson Boulevard, Suite 200
Anchorage AK 99503-3600**

DMV USE ONLY

\$10

BATCH _____

LOGIN ID _____

OFFICE _____