

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

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		

**\*\* 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.

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

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

**Please DO NOT email or fax credit card information.**

Mailing Address	Fax Number			
City / State / Zip	Email			
<b>PAYMENT INFORMATION – Credit card info may be submitted via phone or postal mail only. Please DO NOT email or fax this information. Requests will be held for 3 days. If payment information has not been received by that time the request will be discarded</b>				
Card Number (Visa or MasterCard)	Exp. Date			
Name as shown on card	Security Code (3 digit code on back of card)			
<b>I understand that the credit card shown above will be charged \$10 for each record type selected.</b>				
Authorized Cardholder Signature	Date (Valid for 90 days)			
<b>DMV USE ONLY</b>				
<input type="checkbox"/> I have verified ID for in-person request Expiration Date:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">BATCH</td> <td style="width: 20%; border-bottom: 1px solid black;">LOGIN ID / OFFICE</td> <td style="width: 60%; border-bottom: 1px solid black;">TOTAL FEES: _____ CA CC CK</td> </tr> </table>	BATCH	LOGIN ID / OFFICE	TOTAL FEES: _____ CA CC CK
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