



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
1300 W. Benson Blvd., Suite 100
Anchorage, AK 99503-3689

Allow 3 business days for processing.

www.alaska.gov/dmv