

**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  
3901 Old Seward Highway, Suite 101  
Anchorage AK 99503**

DMV USE ONLY

**\$10**

BATCH \_\_\_\_\_

AMVC ID \_\_\_\_\_

OFFICE \_\_\_\_\_