

**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)

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 \_\_\_\_\_

Visa Security Code (3-digit number 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-**

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

**DMV USE ONLY**

BATCH \_\_\_\_\_ AMVC ID \_\_\_\_\_ OFFICE \_\_\_\_\_ FEE: CA CC CK