

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.)

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