

REQUEST FOR INFORMATION FROM DRIVER LICENSE RECORDS

VENDOR NO.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
DIVISION OF DRIVER LICENSES
KIRKMAN BUILDING
TALLAHASSEE, FLORIDA 32301-8207

NAME OF PERSON OR FIRM REQUESTING INFORMATION:

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

DRIVER RECORD REQUESTED:

DRIVER LICENSE NUMBER

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List below any items for your own convenience in identification; such as, driver name.

CHECK INFORMATION DESIRED

- 3 year Driver History Record \$1.50
- 7 year Driver History Record \$3.00
- Certified 3 year Driver History Record \$3.00
- Certified 7 year Driver History Record \$3.00

Each request or order must be prepaid by check or money order:

1. Fill out form.

2. Enclose check or money order and make payable to:

DIVISION OF DRIVER LICENSES

3. Mail to:

DIVISION OF DRIVER LICENSES
KIRKMAN BUILDING
TALLAHASSEE, FLORIDA 32301-8207

FOR COMMERCIAL FIRMS ONLY
AGENCY I.D. NO.
MAX / 4 DIGITS