

WEST VIRGINIA DIVISION OF MOTOR VEHICLES
DRIVER IMPROVEMENT SECTION
1800 Kanawha Boulevard, East, Building 3
Charleston, WV 25317

REQUEST FOR DRIVING RECORD

This form may be used for multiple requests, and a fee of \$5.00 per name must accompany each request. Driver's license number and last name must be provided. If you do not have the Driver's license number, you must provide the social security number and an additional \$1.00 fee. **All fees are non-refundable.**

Driver's License Number	Name	Purpose	Social Security Number

I hereby certify the driving records shall be used only for the purpose indicated. This department may furnish driving records only under the following circumstances. Please use these codes.

<u>Purpose</u>	<u>Code</u>
1. Employment Investigation	EI
2. Underwriting Insurance	INS
3. Credit Transaction	CT
4. Legitimate Business or Legal Transaction	BT
5. Individual Request	ID

If you are requesting a record for another individual and your reason does not pertain to any of the above codes, you would need a waiver signed by the individual.

If you do not have a waiver signed, your reason will be reviewed and if accepted, you will receive a driving record which excludes all personal information from the record. **Under purpose you would put OPT.**

Any person who knowingly or willfully obtains information under false pretenses will be in violation of federal law, and if convicted, will be fined not more than \$1,000 and/or imprisoned not more than one year.

You may duplicate this form or contact the Division of Motor Vehicles for additional forms by phoning (304) 558-3900.

Walk-In:

You must have a driver's license or WV Identification Card as proof of identification.

I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purpose stated above.

Signature of Requester: _____ ID Verified By: _____
Employee Name & ID Number

(Attach copy of Identification to each Request Form)

NOTARY STATEMENT BELOW MUST BE COMPLETED ONLY IF REQUEST IS MAILED:

I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purpose stated above.

Signature of Requester: _____

Address of Requester: _____

Notary Statement: State of _____ County of _____ . I certify that the Requestor has provided identification to me by driver's license or West Virginia ID and signed this form before me this _____ day of _____ . My commission expires _____ .

Notary Public

(Attach copy of Identification to each Request Form)