

**STATE OF ALASKA**  
**DIVISION OF MOTOR VEHICLES**  
**REQUEST FOR DRIVING RECORD BY MAIL**

There is a \$10 fee for each type of driving record selected. PLEASE PRINT CLEARLY.

**Submit request to DMV Research:**  
 1300 W. Benson Blvd., Suite 410  
 Anchorage, AK 99503  
 Phone: 907-269-3754  
 Email: [doa.dmv.research@alaska.gov](mailto:doa.dmv.research@alaska.gov)  
 Fax: (907) 269-5202

**SELECT RECORD TYPE:**

- FULL INDIVIDUAL RECORD**  
 Shows current driving record status, and includes all convictions, license actions, and at-fault accidents on record; includes full medical certification details for commercial (CDL) drivers.
- INSURANCE RECORD**  
 Shows current driving record status, and 3 or 5 year history of convictions, license actions, and at-fault accidents required for vehicle insurance purposes; excludes any medical certification information on record. (3 or 5 year reporting requirement is based on the type of conviction or action.)
- CDL EMPLOYMENT RECORD**  
 Shows current driving record status; full medical certification information; and conviction, license action, and at-fault accident information as required by DOT regulations for commercial (CDL) drivers. CDL drivers must select this type of record when used for CDL employment purposes.

**REQUESTOR INFORMATION**

Requestor Name		Phone Number	
Alaska Driver License Number	<b>OR</b>	Date of Birth	<b>AND</b>
		Social Security Number	

**RELEASE TO ANOTHER PERSON OR COMPANY (OPTIONAL)**

	By initialing this box I authorize the DMV to release my driving record to the person or company listed below:
Printed Name	Contact Phone Number

**I WANT MY RECORD TO BE SENT VIA:**  Email  Fax  Mail (Select only one)

Email Address	Fax Number
Mailing Address	
Signature of Requestor	Date (Valid for 90 days)

**PAYMENT INFORMATION – Credit card info may be submitted via phone or postal mail only. Please DO NOT email or fax this information. Requests will be held for 3 days. If payment information has not been received by that time the request will be discarded**

**Make check or money order payable to DMV or State of Alaska. DO NOT MAIL CASH.**

MasterCard or Visa #	Expiration Date
Name as shown on card	Security Code (3 digit code on back of card)

**I understand that my credit card will be charged \$10 for each driving record.**

Signature of credit card holder	Date (Valid for 90 days)
---------------------------------	--------------------------

**DMV USE ONLY**

<input type="checkbox"/> I have verified ID for in-person request	<b>BATCH</b>	<b>LOGIN ID / OFFICE</b>	<b>\$10</b>
Expiration Date:			FEE: CA CC CK