Please do not fax your request more than once. Each request is processed and charged accordingly. Records are processed in the order that they are received.

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 _____ Print the form and sign before faxing or mailing. _____

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 _____ Print the form and sign before faxing or mailing. Date _____
(Signature of credit card holder.)

FAX: 1-907- 835-3890 Valdez DMV

Please allow 2 business days for processing. If you have not received the record within that time, please send an email to the webmaster for assistance.

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: $10 CA CC CK

Form 419F Rev. 01/27/2009

www.Alaska.gov/dmv

Please do not fax your request more than once. Each request is processed and charged accordingly. Records are processed in the order that they are received.