

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS**

Company or Business Name (Please Print)	Telephone Number
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The undersigned do hereby authorize the DMV, to release their driving record to the above business or company:

ALASKA DRIVER LICENSE NUMBER	PRINTED NAME	CIRCLE RECORD TYPE**			SIGNATURE	DATE (Valid for 90 days)
		Insurance	Full	CDL		
		Insurance	Full	CDL		
		Insurance	Full	CDL		
		Insurance	Full	CDL		
		Insurance	Full	CDL		
		Insurance	Full	CDL		
		Insurance	Full	CDL		

** If you have a CDL, only a CDL Record can be provided per 2 AAC 90.470(d)

Submit requests to DMV Research:
 1300 W. Benson Blvd., Suite 410
 Anchorage, AK 99503
 Phone: 907-269-3754
 Fax: 907-269-5202
 Email: doa.dmv.research@alaska.gov

I want the driving records to be sent via:

Email Fax Mail

Mailing Address	Fax Number
City / State / Zip	Email

Make checks payable to DMV, or State of Alaska, or complete the following to make payment by credit card.

Card Number (Visa or MasterCard)	Exp. Date
Name as shown on card	Security Code(3digit code on back of card)

I understand that the credit card shown above will be charged \$10 for each driving record.

Authorized Cardholder Signature	Date (Valid for 90 days)
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DMV USE ONLY

<input type="checkbox"/> I have verified ID for in-person request. Expiration Date:	BATCH	AMVC ID / OFFICE	FEE: CA CC CK
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