

**State of Alaska – Division of Motor Vehicles  
REQUEST for DRIVING RECORD**

Please Print Clearly

Driving Records can be requested via the DMV public website at: <https://online.dmv.alaska.gov/onlinedrivingrecords>

Driving Records can also be requested in person at any DMV office or by mail, email, or fax. *See below for contact information.*

There is a **\$10 fee** for each type of record selected. *There is no charge for Parents or Guardians requesting for a minor.*

**Select the Type of Record:**

- 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 status, full medical certification information, convictions, license actions, and at-fault accident information as required by DOT regulations for commercial (CDL) drivers. CDL drivers **MUST** select this type of record if for CDL employment purposes.

**I am requesting this record:**

For myself

For release to another person/company – by checking this box, I authorize the DMV to release my driving record to the following:

Printed Name or Company	Contact Phone Number
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As a parent/guardian of a minor – by checking this box, I affirm I am a parent or legal guardian of a driver under 18 years-old (who is not emancipated) as listed in the next section. *(Please Note: Addresses will be redacted from driving records when choosing this option)*

Full Legal Name of Parent / Guardian	Contact Phone Number
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Signature of Requestor (or Parent/Guardian)	Date (Valid for 90 days)
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Driver Information		
Full Legal Name on Driving Record	Phone Number	
Alaska Driver's License Number (or) Date of Birth	<b>AND</b>	Social Security Number

Please print copy of driving record (if an in-person transaction)

Please send the driving record via: (select either email, fax, or mail)

email – include email address below	fax – include fax number below	mail – include mailing address below

**Requests can be submitted by: (Please address to "DMV Research")**  
*Payment can be made me check, money order, or credit card (submit separate credit card authorization form)*

<b>Email:</b> <a href="mailto:doa.dmv.research@alaska.gov">doa.dmv.research@alaska.gov</a> <b>Phone:</b> 907-269-5551 <b>Fax:</b> 907-269-5202	<b>Mail:</b> 4001 Ingra Street Suite 101 Anchorage, Alaska 99503	Form can also be hand delivered to any DMV office.
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This section is for DMV USE ONLY (optional use)					
<input type="checkbox"/> I have verified ID for an in-person request	Batch Number:	LDAP/Office #	<input type="checkbox"/> \$10 fee <input type="checkbox"/> No Fee		
Name: _____	ID #: _____	Exp. Date: _____	Payment Total:	CA	CC
			CK		