



## REQUEST FOR DRIVER LICENSE/IDENTIFICATION CARD STATUS AND RECORD INFORMATION

**DO NOT SEND PAYMENT  
YOUR ACCOUNT WILL BE BILLED**

**PLEASE PRINT OR TYPE — FORM MUST BE COMPLETED IN DUPLICATE**

**INFORMATION REQUESTED** ..... Per Copy

- Automated Name Index Record Info .....5.00
- Status and Record .....5.00  
(Process by DL/ID number and subject's full name)
- Status and Record .....5.00  
(Process by subject's full name and birth date)

- Order of Suspension/Revocation .....20.00
- Guarantor signature search (DL 44) .....20.00
- Current copy DL 44 (application for DL/ID).....20.00
- Certified ..... No Fee

DATE	PAGE NO.
ATTN/CONTACT PERSON	
VENDOR REQUESTER CODE (IF APPLICABLE)	

REQUESTER OR VENDOR NAME	TELEPHONE NO.	VENDOR AGREEMENT NO. (IF APPLICABLE)
ADDRESS	CITY	STATE                      ZIP CODE

1.	User Requester Code (5 bytes)	User Agreement No. (6 bytes) (if Applicable)	Driver License/ID No. (8 bytes) (Required for EPN)	NAME (37 bytes MAX)			BIRTH DATE (Required when DL/ID is not provided)	COMMENTS (Requester Use)
				LAST	FIRST	M.I.		
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

TOTAL NO. OF REQUESTS	REQUESTED BY (ORIGINAL SIGNATURE REQUIRED)	REQUESTER'S DRIVER LICENSE/ID NO. (REQUIRED)
<b>DMV USE ONLY</b>	OPERATOR NO. AND DATE	DATE RECEIVED
	VERIFIED BY TECH	

**MAIL TO: DEPARTMENT OF MOTOR VEHICLES, INFORMATION RELEASE UNIT G199, P. O. BOX 944247, SACRAMENTO, CA 94244-2470**  
ORIGINAL AND ONE COPY TO DMV