



REQUEST FOR OWN DRIVER LICENSE/IDENTIFICATION CARD (DL/ID) VEHICLE/VESSEL REGISTRATION (VR) RECORD

Do not complete this form unless you are requesting your own DL/ID record or you are the current vehicle/vessel owner on file with the Department. Driver records show all reportable information, such as convictions for 3, 7, or 10 years, department actions, and accidents as required by California Vehicle Code (CVC) §1808. Write your DL/ID number or license plate/VIN on the front or back of check. Keep a copy of the completed form for your records.

SECTION 1 — INFORMATION REQUESTED

- IN PERSON REQUESTS — Current Records only — \$5.00 for each record (Complete SECTIONS 2, 5 and/or 6, 7)**
Please find the nearest office on our website: dmv.ca.gov or call 800-777-0133.
- MAIL IN REQUESTS — All allowable records/documents — See below for applicable fee(s) (Complete SECTIONS 2, 3 and/or 4, 7, 8)**
Mail to: Department of Motor Vehicles, Public Operations – MS G199, P.O. Box 944247, Sacramento, CA 94244–2470
Address will appear on the record(s)/document(s) only if the address provided in Section 2 matches the record on file.
- Redact the address on the record(s)/document(s) even if the address provided in Section 2 matches the record on file.
- Certify record(s) as a true copy of record(s) on file with the Department of Motor Vehicles – No additional charge.

SECTION 2 — REQUESTER INFORMATION – All information required

FULL LEGAL NAME (FIRST, MI, LAST)		DAYTIME TELEPHONE NUMBER ()	
ADDRESS	CITY	STATE	ZIP CODE

SECTION 3 — DL/ID RECORD DL/ID number or date of birth required

DRIVER LICENSE/IDENTIFICATION CARD NUMBER	DATE OF BIRTH (MM/DD/YYYY)
Automated record (computer printout) - FEE: \$5 Per Record <input type="checkbox"/> Current Record <input type="checkbox"/> First Issue Date Letter (No additional fee)	Photocopy of documents - FEE: \$20 Per Copy <input type="checkbox"/> DL/ID Photo <input type="checkbox"/> DL/ID Application (Guarantor's Signature Search) <input type="checkbox"/> Other (Explain) _____

SECTION 4 — VR/VESSEL RECORD Complete subsection 3A and/or 3B

CA LICENSE PLATE/CF NUMBER	OR	VEHICLE/HULL IDENTIFICATION NUMBER	MAKE (Optional)	YEAR MODEL (Optional)
3A				
Automated record (computer printout) - FEE: \$5 Per Record <input type="checkbox"/> Current Record	Photocopy of documents - FEE: \$20 Per Year <input type="checkbox"/> Photocopies on file for: ____/____/____/____ (indicate years) <input type="checkbox"/> Other (Explain) _____			
ADDRESS VEHICLE LAST REGISTERED AT (IF DIFFERENT THAN SECTION 2)	CITY	STATE	ZIP CODE	
3B				

- Automated record (computer printout) - FEE: \$5 Per Record**
- All vehicles/vessels registered under your name and address provided above (single record or list of 8 or less).

SECTION 5 – DL/ID RECORD DL/ID number or date of birth required

DRIVER LICENSE/IDENTIFICATION CARD NUMBER	DATE OF BIRTH (MM/DD/YYYY)
---	----------------------------

SECTION 6 — VR/VESSEL RECORD CA License Plate/CF number or Vehicle/Hull ID number required

CA LICENSE PLATE/CF NUMBER	VEHICLE/HULL IDENTIFICATION NUMBER	MAKE (Optional)	YEAR MODEL (Optional)
----------------------------	------------------------------------	-----------------	-----------------------

SECTION 7 – REQUESTER CERTIFICATION STATEMENT, SIGNATURE AND DL/ID NUMBER

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE X	DATE	DL/ID NUMBER
-----------------------	------	--------------

DMV USE ONLY

Check/MO# _____ Total \$ _____	<input type="checkbox"/> DL/ID	<input type="checkbox"/> FIDL	<input type="checkbox"/> C.R.	<input type="checkbox"/> Photo	<input type="checkbox"/> App	<input type="checkbox"/> VR	<input type="checkbox"/> C.R.	<input type="checkbox"/> As Of	<input type="checkbox"/> 138	<input type="checkbox"/> History	<input type="checkbox"/> ANI
<input type="checkbox"/> Refund _____	<input type="checkbox"/> Other _____	Cashier ID/Date _____									

SECTION 8 – REQUESTER MAILING LABEL – DO NOT DETACH

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____