



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

- | | | | |
|--|------|--|--------|
| <input type="checkbox"/> Automated Name Index Record Info..... | 5.00 | <input type="checkbox"/> Order of Suspension/Revocation..... | 20.00 |
| <input type="checkbox"/> Status and Record.....
(Process by DL/ID number and subject's full name) | 5.00 | <input type="checkbox"/> Guarantor signature search (DL 44)..... | 20.00 |
| <input type="checkbox"/> Status and Record.....
(Process by subject's full name and birth date) | 5.00 | <input type="checkbox"/> Current copy DL 44 (application for DL/ID)..... | 20.00 |
| | | <input type="checkbox"/> 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)
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DMV USE ONLY	OPERATOR NO. AND DATE	VERIFIED BY TECH	DATE RECEIVED
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MAIL TO: DEPARTMENT OF MOTOR VEHICLES, INFORMATION RELEASE UNIT G199, P. O. BOX 944247, SACRAMENTO, CA 94244-2470
ORIGINAL AND ONE COPY TO DMV