



Driving Record Request Form

Provide the following information regarding the driving record requested. **All information must be completed in order for the request to be processed.**

Name: Last	Middle	First	Date of Birth	Driver License Number

This form must be submitted with a **cashier's check, certified check or money order** in the amount of \$5.75. Cash may be used only if this form is submitted in person. **PERSONAL CHECKS ARE NOT ACCEPTED.**

Return request with self-addressed, stamped envelope.

Mail To: Driver License Division
Department of Public Safety
P.O. Box 1471
Montgomery, AL 36102-1471

Your Return Address:

Name

Address

City

State

Zip

Please allow 10 days for this request to be processed.