



## Department of Motor Vehicle Safety

Driver Services Division

Attn: MVR Unit P.O. Box 80447 Conyers, Georgia 30013 (404) 657-9300

### Request for Motor Vehicle Record

#### Requestor Information

Requestor Name	Firm Name
Street Address	City, State Zip Code

#### Please provide a motor vehicle record (MVR) for the following driver:

Full Name (First Middle Maiden Last)	Date of Birth:	License Number:
Street Address	City, State	Zip Code

Please select either:

**Three (3) Year Record (\$5.00)** - This request is for a record covering the preceding three (3) years. I have enclosed the **required fee of \$5.00** with this application.

**Seven (7) Year Record (\$7.00)** - This request is for a record covering the preceding seven (7) years. I have enclosed the **required fee of \$7.00** with this application.

**For mail-in requests, include a self-addressed, stamped business size envelope.**

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**Notice** – You must certify below that the purpose for this record request is either for **insurance underwriting** or for one of the other stated purposes.

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#### Insurance Underwriting Use Certification

This record is for insurance underwriting purposes. I certify that the requested driver record is to be used for the underwriting of insurance and will be used for no other purposes. I further certify that there is on file with this company an application for insurance.

Requestor's Signature

Date

#### Credit, Employment, or Other Use Certification

This record is requested for the following purpose(s)?  Credit -  Employment -  Other Purpose

In accordance with OCGA §40-5-2, I do hereby authorize the requestor named above to procure a copy of my driver's license history.

Licensee Signature (Must be notarized)	Date	Notary Signature and Seal Here
Requestor Signature	Date	

**Before mailing this request** be sure you have included the appropriate fee and a self-addressed, stamped business size envelope.

**MAIL CASHIER'S CHECK OR MONEY ORDER, NO PERSONAL CHECKS ACCEPTED.**