REQUEST FOR YOUR OWN
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)
OR
VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD
FEE: $5.00 FOR EACH CURRENT RECORD

Write your DL/ID number or plate or VIN on the front or the back of your check.

DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

REQUESTER'S INFORMATION  PLEASE PRINT CLEARLY
FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY
STATE
ZIP CODE

DAYTIME TELEPHONE

( )

SIGNATURE
DATE

☐ DRIVER LICENSE/ID RECORD
☐ VEHICLE/VESSEL REGISTRATION
RECORD (Complete boxes A & B)

☐ DRIVER LICENSE/ID RECORD
☐ VEHICLE/VESSEL REGISTRATION
RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

B. BIRTH DATE (MO/DAY/YR)

C. CALIF. LICENSE/CF NUMBER

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles
P. O. Box 944247    MS G199
Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) www

— También disponible en español —

Complete if mailing.
Send information to: (Print your name and address clearly in the box.)

NAME

ADDRESS

CITY
STATE
ZIP CODE

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