



Commonwealth of Massachusetts
Registry of Motor Vehicles
PO Box 199100
Boston, MA 02119-9100

Request for Driving Record
(Fee: \$15)

(Please print clearly)

Date: _____

Name of Requestor: _____

Address of Requestor: _____

as an authorized representative of:

Name of Company/Agency

Company/Agency Address

Requests a Driving Record for the following person (All Information MUST Be Supplied)*:

Driver's Name: _____
(Last) (First) (MI)

Driver's Date of Birth: _____
(Month) (Day) (Year)

Driver's License Number: _____

*If you do not know the Driver's License number and believe you may qualify as a "permitted user" of personal information from motor vehicle records under the Driver Privacy Protection Act, 18 U.S.C, section 2721 et seq. please indicate this to the RMV Associate.