



A Public Service Agency

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"/> Guarantor signature search (DL 44) | 20.00 |
| <input type="checkbox"/> Status and Record | 5.00 | <input type="checkbox"/> Current copy DL/ID photo document | 20.00 |
| (Process by DL/ID number and subject's full name) | | (Subject picture not available) | |
| <input type="checkbox"/> Status and Record | 5.00 | <input type="checkbox"/> Current copy DL 44 (application for DL/ID) | 20.00 |
| (Process by subject's full name and birth date) | | <input type="checkbox"/> Certified | No Fee |
| <input type="checkbox"/> Order of Suspension/Revocation | 20.00 | <input type="checkbox"/> EPN Account Holder | 5.00 |

| | |
|---------------------------------------|----------|
| 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 |

| 12. | User Requester Code (5 bytes) | User Agreement No. (6 bytes) (if Applicable) | Driver License/ID No. (8 bytes) (Required for EPN) | LAST | NAME (37 bytes MAX) FIRST | M.I. | BIRTH DATE (Required when DL/ID) | REMARKS (Requester Use is not provided) |
|-----|----------------------------------|--|--|------|------------------------------|------|-------------------------------------|---|
| 1. | | | | | | | | |
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| 12. | | | | | | | | |

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|-----------------------|--------------------------|-----------------------|
| TOTAL NO. OF REQUESTS | REQUESTED BY (SIGNATURE) | DRIVER LICENSE/ID NO. |
| DMV USE ONLY | OPERATOR NO. AND DATE | VERIFIED BY TECH |
| | | DATE RECEIVED |

MAIL TO: DEPARTMENT OF MOTOR VEHICLES, OIS Commercial Operations G199, P. O. BOX 944247, SACRAMENTO, CA 94244-2470
ORIGINAL AND ONE COPY TO DMV