



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

- Automated Name Index Record Info5.00
- Status and Record5.00
(Process by DL/ID number and subject's full name)
- Status and Record5.00
(Process by subject's full name and birth date)

- Order of Suspension/Revocation20.00
- Guarantor signature search (DL 44)20.00
- Current copy DL 44 (application for DL/ID).....20.00
- Certified No Fee

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

	User Requester Code (5 bytes)	User Agreement No. (6 bytes) (if Applicable)	Driver License/ID No. (8 bytes) (Required for EPN)	NAME (37 bytes MAX)			BIRTH DATE (Required when DL/ID is not provided)	COMMENTS (Requester Use)
				LAST	FIRST	M.I.		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

TOTAL NO. OF REQUESTS	REQUESTED BY (ORIGINAL SIGNATURE REQUIRED)	REQUESTER'S DRIVER LICENSE/ID NO. (REQUIRED)
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DMV USE ONLY	OPERATOR NO. AND DATE	VERIFIED BY TECH	DATE RECEIVED
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MAIL TO: DEPARTMENT OF MOTOR VEHICLES, INFORMATION RELEASE UNIT G199, P. O. BOX 944247, SACRAMENTO, CA 94244-2470
ORIGINAL AND ONE COPY TO DMV