

## REQUEST FOR OWN DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)

## VEHICLE/VESSEL REGISTRATION (VR) 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.

(No Charge).				
REQUESTER'S INFORM FULL LEGAL NAME (FIRST, MI, LAST		ASE PRINT	CLEARLY	
. 622 226, 12 10 1112 (1 11 167, 1111, 2 167	,			
ADDRESS				
CITY			STATE	ZIP CODE
DAYTIME TELEPHONE				
( )				
SIGNATURE			DATE	
<u>X</u>				
Check box(es) for type of re				
DRIVER LICENSE/ID RECORD (Complete boxes A & B)		VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)		
A. CALIF. DRIVER LICENSE/ID NUMI	BER	C. CALIF. LICEN	ISE/CF NUMBER	
B. BIRTH DATE (MO/DAY/YR)		D. VEHICLE/VE	SSEL ID NUMBER	
	DMV U	JSE ONLY		
ID Verified by Cashier Li	ne Date			
This request may be pres	sented in per	son to your lo	ocal DMV office	e or mailed
DMV Headquarters:	Departm	ent of Motor V	/ehicles	
		944247 M		
INF 1125 (REV. 7/2018) <b>WWW</b>	Sacrame	ento, CA 9424	4-2470	
Send information to	Complet : (Print vour n	e if mailing.	ress clearly in t	he box.)
	,			<u> </u>
NAME				
NAME				

REQUEST FOR OWN
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)
Public Service Agency
OR

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FULL LEGAL NAME (FIRST, MI, LAST)			
ADDRESS			
CITY		STATE	ZIP CODE
DAYTIME TELEPHONE			
( )			
GIGNATURE		DATE	
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Check box(es) for type of record(s) you are			
DRIVER LICENSE/ID RECORD (Complete boxes A & B)	VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)		
A. CALIF. DRIVER LICENSE/ID NUMBER	C. CALIF. LICENS	SE/CF NUMBER	
B. BIRTH DATE (MO/DAY/YR)	D. VEHICLE/VESSEL ID NUMBER		
, , ,	D. VEITIGEE/VEG	OLE ID HOMBER	
DMV US	SE ONLY	OLE ID NOMBLIX	
2		SEE IS NOMSER	
ID Verified by Cashier Line Date	SE ONLY		
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INF 1125 (REV. 7/2018) WWW

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THIS PART FOR YOUR RECORDS

CUT ON LINE AND KEEP