



## INFORMATION REQUEST MOTOR CARRIER PERMIT

### SECTION 1 — REQUESTOR'S INFORMATION

REQUESTOR'S NAME (FIRST, MI, LAST)	DAYTIME TELEPHONE NUMBER (    )
ADDRESS	<b>YOUR REQUEST WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE NONREFUNDABLE PROCESSING FEE (SEE SECTION 3 BELOW)</b>
CITY	
STATE      ZIP CODE	

### SECTION 2 — RECORD REQUESTED

CA NUMBER	MOTOR CARRIER NAME
ADDRESS	CITY      STATE      ZIP CODE

### SECTION 3 — RECORD INFORMATION

Confidential information such as the Employer Pull Notice Number, Driver License Number, Social Security Number, or Federal Employer Identification Number, **will not be released** per the Driver Privacy Protection Act of 1994.

- Application — \$20 per year (*indicate years*) \_\_\_\_\_
- Insurance — \$20 per certificate
  - Liability Insurance      Policy Number \_\_\_\_\_ Year \_\_\_\_\_
  - Workers' Compensation      Policy Number \_\_\_\_\_ Year \_\_\_\_\_
- Duplicate Motor Carrier Permit — \$15
- Carrier Status Screen — \$5 per screen print
- Active Carrier List — \$125 per CD Rom
- Certified Record as a true copy of record on file with the Department of Motor Vehicles — No fee
- Other (*describe*) \_\_\_\_\_

### SECTION 4 — PURPOSE OF REQUEST

Clearly explain the purpose for requesting record(s). Be factual and provide details. If additional space is needed, please attach a separate sheet.

### SECTION 5 — CERTIFICATION

Requestor's Certification Statement, Signature, and Driver License/Identification Card Number

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. The information will not be used for any unlawful purpose. I understand that if I provide false information, I may be subject to prosecution for false representation (California Vehicle Code Section 1808.45). This is punishable by a maximum fine of five thousand dollars (\$5,000) or a maximum imprisonment of one year in the county jail or both.***

EXECUTED AT (CITY, COUNTY, STATE)	ON (DATE)
SIGNATURE <b>X</b>	DRIVER LICENSE/ID NUMBER

**Please complete and mail this form along with payment to:** Department of Motor Vehicles  
Registration Operations Division, H-875  
P.O. Box 932370  
Sacramento, CA 94232-3700

#### QUESTIONS?

If you have any questions, need additional forms or assistance in completing this form, please call (916) 657-8153.