



**REQUEST FOR OWN  
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)  
OR  
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.

Certify the record as a true copy of record on file with Department of Motor Vehicles  
(No Charge).

**REQUESTER'S INFORMATION PLEASE PRINT CLEARLY**

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

( )

SIGNATURE DATE

**X**

Check box(es) for type of record(s) you are requesting.

DRIVER LICENSE/ID RECORD (Complete boxes A & B)       VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

**DMV USE ONLY**

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles  
P.O. Box 944247 MS G199  
Sacramento, CA 94244-2470

INF 1125 (REV. 7/2018) WWW

**Complete if mailing.**

Send information to: (Print your name and address clearly in the box.)

NAME
ADDRESS
CITY STATE ZIP CODE

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CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS



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