

STATE OF ALASKA
REQUEST FOR DRIVING RECORD

Driving records are valid for 30 days.

I am requesting the following:

_____ Driving Record (5 year / Insurance) X Driving Record (Full)

I would like the record to be mailed or faxed (circle one) to the address or fax number shown below.

Your name, as shown on your Alaska license _____

Your signature _____

Telephone _____ Fax _____

Mailing address _____

ALASKA Driver License Number **OR** Date of Birth **AND** Social Security Number

Purpose of record: Employment