

**COMMONWEALTH OF MASSACHUSETTS  
REGISTRY OF MOTOR VEHICLES  
P.O. Box 55889  
Boston, MA 02205-5889**

**REQUEST FOR DRIVING RECORD  
(Fee: \$15.00)**

**(PLEASE PRINT CLEARLY)**

**DATE:**

**NAME OF REQUESTOR:**

**ADDRESS OF REQUESTOR:  
as an authorized representative of:**

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<b>Name of Company/Agency</b>	<b>Company/Agency Address</b>
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requests a Driving Record for the following person:

**(All Information MUST be supplied)\***

**DRIVERS= NAME:**

(Last)

(First)

(Middle Name  
or Initial)

**DRIVERS DATE OF BIRTH:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month                      day                      year

**DRIVER'S LICENSE NO:**

\*If you do not know the Driver's License Number and believe that you may qualify as a permitted user of personal information from motor vehicle records under the Driver Privacy Protection Act, 18 U.S.C. §2721 et seq. Please indicate this to the RMV representative.