STATE OF ALASKA DIVISION OF MOTOR VEHICLES COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS BY MAIL

Company or Business Name (Please Print)					Telephone Number		
The undersigned a	authorizes the DMV to release their	driving r	ecord to	the above	business or company:		
ALASKA DRIVER LICENSE NUMBER	PRINTED NAME	CIRCLE RECORD TYPE**			SIGNATURE	DATE (Valid for 90 days)	
		Full Individual	Insurance	CDL Employment			
		Full Individual	Insurance	CDL Employment			
		Full Individual	Insurance	CDL Employment			
		Full Individual	Insurance	CDL Employment			
		Full Individual	Insurance	CDL Employment			
		Full Individual	Insurance	CDL Employment			
		Full Individual	Insurance	CDL Employment			
Full Individual Record: Shows current driving record status, and includes all convictions, license actions, and at-fault accidents on record; includes full medical certification details for commercial (CDL) drivers. Insurance Record: Shows current driving record status, and 3 or 5 year history of convictions, license actions, and at-fault accidents required for vehicle insurance purposes; excludes any medical certification information on record. (3 or 5 year reporting requirement is based on the type of conviction or action.) CDL Employment Record: Shows current driving record status; full medical certification information; and conviction, license action, and at-fault accident information as required by DOT regulations for commercial (CDL) drivers must select this type of record when used for CDL employment purposes.							
Mailing Address				Fax Number			
City / State / Zip				Email			
							