

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES**

COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS

The undersigned do hereby authorize the State of Alaska, Division of Motor Vehicles, to release my driving record to the following business or company:

Company or Business Name (Please Print)				Telephone Number
ALASKA #	PRINTED NAME	RECORD TYPE	SIGNATURE	DATE (Valid for 90 days)
		5 year	Full	
		5 year	Full	
		5 year	Full	
		5 year	Full	
		5 year	Full	
		5 year	Full	
		5 year	Full	

Please provide either a fax number or mailing address where you would like the records sent:

Mailing Address _____ Fax Number _____

City / State / Zip _____

Make checks payable to DMV or complete the following when making payment by credit card.

MasterCard, Visa or Discover # _____ Exp. Date _____

Name as shown on card (Must be YOUR credit card or Company credit card.)

I understand that the credit card shown above will be charged \$10.00 for each record requested.

Authorized Cardholder Signature _____ Date (Valid for 90 days) _____

Mail or fax completed form to: 1-907-269-5202

**Division of Motor Vehicles
Attn.: Research
1300 W Benson Boulevard, Suite 200
Anchorage AK 99503-3600**