

Division of Motor Vehicles

Request for Driving Record



Call: (304) 926-3952 Fax: (304) 957-7584

Email: DMVDrivingRecordFax@wv.gov

NOTE: In addition to this form, please complete form DMV-101-PS2 (Driving Record Release Authorization) if you are requesting your driving record be released to anyone other than yourself. These forms must be submitted to the DMV Driving Records Section in the Kanawha City DMV Headquarters and cannot be processed in any DMV Regional Office.

This form may be used for multiple requests and a fee of **\$7.50 per name** must accompany each request. You may duplicate this form or contact the Division of Motor Vehicles for additional forms or any questions by telephoning 1-800-642-9066. Driver's license number and last name must be provided. If you do not have the driver's license number, you must provide the Social Security number and/or date of birth with an additional \$1.00 fee. *All fees are non-refundable.*

Driving Record Requesting: Five Year Lifetime
(for CDL, State Bar or Law Enforcement Background) Certified (State Seal)

Driver's License Number	Name	Social Security Number	Date of Birth

Please return requested records to the following address:

PLEASE PRINT COMPANY NAME, IF APPLICABLE	TELEPHONE NUMBER		
MAILING ADDRESS	CITY	STATE	ZIP

Any person may request their own driving record at any DMV regional office. You must provide your state government issued ID or driver's license for proof of identification.

All other requests must be sent to the address provided below. You may not obtain information about others without their signed written consent (attach form DMV-101-PS-2) unless the request is made by a company/business on letterhead and provides a legitimate and detailed reason for the request as defined in the Uniform Motor Vehicles Records Disclosure Act (§17-A-2A-1 et seq.). **Each request form submitted must include a copy of the requestor's valid state government issued ID or driver's license.** If you do not meet these requirements, your reasons will be reviewed, and, if accepted, you will receive a driving record that excludes all personal information from the record.

Any person who knowingly or willfully obtains information under false pretenses will be in violation of state and federal law, and, if convicted, will be fined not more than \$1,000 and/or imprisoned not more than one year. I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purposes stated above.

(X) _____
 SIGNATURE OF REQUESTOR

OFFICE USE ONLY
ID VERIFIED BY: _____

If you do not qualify for the information requested, you may submit a Message Forwarding Form. On this form you may write a message and the Division of Motor Vehicles will forward the form with all information you provide to the licensee at their current address in our records. This service has a non-refundable fee of \$5.00. The DMV does not guarantee a delivery or response.

Any request for a driving record other than the individual's own, must be submitted to the WV-DMV at the address listed below. DMV Regional offices are prohibited from dispensing driving records to anyone requesting another individual's records.

Before mailing, be sure you've included a completed DMV-101-PS1 form, applicable fees, a copy of driver's license or photo ID, and, if applicable, a completed DMV-101-PS2 form. For employers and attorneys, a letterhead explanation must also be included.

Please mail your request to:

<p>WV Division of Motor Vehicles Driving Records PO Box 17020 Charleston, WV 25317</p>	<p>Fax (304) 957-7584 Email DMVDrivingRecordFax@wv.gov Call (304) 926-3952</p>
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