

WEST VIRGINIA DIVISION OF MOTOR VEHICLES
REQUEST FOR DRIVING RECORDS

This form may be used for multiple requests and a fee of \$5.00 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 (304) 558-3900. 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.**

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)

(Mailing address) (City, State and Zip)

(Telephone Number)

Any person may request their own driving record at any DMV regional office. You must provide your federal or 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 (attached form DMV-101-PS-2) or 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 (17A-2A-1 et seq.). EACH REQUEST FORM SUBMITTED MUST INCLUDE A COPY OF THE REQUESTOR'S FEDERAL OR STATE GOVERNMENT ISSUED ID OR DRIVER'S LICENSE. If you do not meet these requirements, your reason 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 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 purpose stated above.

Signature of Requestor: _____ **ID Verified By:** _____

**A COPY OF YOUR REQUEST MAY BE FORWARDED TO THE PERSON
WHOSE RECORDS YOU ARE REQUESTING.**

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 Division of Motor Vehicles does not guarantee delivery or a response.

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

BEFORE MAILING, BE SURE YOU HAVE INCLUDED: COMPLETED DMV-101-PS-1 FORM, APPLICABLE FEES, COPY OF DRIVER'S LICENSE OR PHOTO ID, LETTERHEAD EXPLANATION AND A COMPLETED DMV-101-PS-2 (IF APPLICABLE).

Please mail your request to: **WV Division of Motor Vehicles**
Insurance Section/ Driving Records
P O Box 17020
Charleston, WV 25317