

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

## Driving Record Release Authorization



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

Email: DMVDrivingRecordFax@wv.gov

**NOTE: Complete this form if you are requesting DMV to release your driving record to anyone other than yourself. This form must be submitted to the DMV Driving Records Section in the Kanawha City DMV Headquarters and cannot be processed in any DMV Regional Office.**

I, \_\_\_\_\_  
PLEASE PRINT YOUR NAME

**(X)** \_\_\_\_\_  
PLEASE SIGN YOUR NAME

hereby authorize the West Virginia Division of Motor Vehicles to release any of my information found within the Division's records to:

\_\_\_\_\_  
INDIVIDUAL NAME AND/OR COMPANY NAME IF APPLICABLE

Those requesting information must complete the **request for driving records form** (DMV-101-PS1) and **this form** (DMV-101-PS2), or the request will not be processed. The individual to whom the information is being released must include a copy of their state government issued ID or driver's license.

### PLEASE CHECK THE APPROPRIATE FEES

- \$7.50** - Driving record with driver's license number
- \$8.50** - Driving record without driver's license number
- \$7.50** - Message forwarding service
- \$.25 per page** - Copy of suspension/revocation/disqualification file

### PLEASE CHECK THE APPROPRIATE ADMINISTRATIVE HEARING DOCUMENT FEES

- \$30.00** - Copy of recorded testimony in CD format
- \$1.50 per page** - Copy of transcript of hearing
- \$.25 per page** - Copy of suspension/revocation/disqualification file

