



DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
 DIVISION OF MOTORIST SERVICES
 2900 Apalachee Parkway, Room B239, Mail Stop 91
 Neil Kirkman Building - Tallahassee, FL 32399

DRIVER LICENSE RECORDS REQUEST

FEES ARE REQUIRED AT TIME OF REQUEST AND ARE PAYABLE TO DIVISION OF MOTORIST SERVICES.
 PLEASE ALLOW A 2-WEEK PROCESSING TIME FROM THE DATE WE RECEIVE THIS REQUEST.

Requester's Information:

Name of Requester: Dawn Lobkovich/Benefits Dept
 Date: _____
 Reference # (Case/File Name): _____
 Mailing Address: 400 East Lake Mary Blvd
 Email Address: dawn_lobkovich@scps.k12.fl.us
 To receive personal information indicate the appropriate number(s) from the exemptions list. **If you request your own personal information see note below.**
 City: Sanford State: Florida Zip: 32773 Fax Number: 407-320-0411

Under penalty of perjury, I affirm that I am entitled to receive this information and understand that I may not redisclose this information according to the Driver Privacy Protection Act, except as provided in section 119.0712(2), Florida Statutes.

Signature of Requester or Contact Person: _____ Telephone Number: _____

Note: If you are requesting your own personal information you must include your driver license/identification card number or social security number, your date of birth and sign this request.

Request for A Driver History Record/Transcript (Attach a separate sheet for additional requests)

First: _____ Middle: _____ Last: _____ Date of Birth: _____
 Address on Record: _____ City: _____ State: _____
 3-year driver history \$8.00
 7-year driver history \$10.00
 Complete driver history \$10.00
 Or
 Certified 3-year, 7-year or complete is just \$10.00 (please circle 3-year, 7-year or complete)
 Driver License or Identification Card Number: _____
 Social Security Card Number: _____

Other Types of Requests And Fees: DL/ID Application Other (specify below)

If you are requesting something other than a driver history record, there is a \$2.00 search fee per request and a document fee of \$0.50 each item/document requested or a \$1.00 for each **certified** document/item requested.

Letter of Verification - \$2.50 each Certified Letter of Verification - \$3.00 each

Examples of this request are for specific information such as verifying type license held or address on record during a specific time or date(s), etc.

Identify what needs to be stated in the letter of verification or specify what you are requesting. (If additional space is needed you may attach a separate sheet.)