**Georgia Department of Driver Services**

**Customer Service, Licensing and Records Division** **P.O. Box 80447**

**Conyers, Georgia 30013**

**REQUEST FOR MOTOR VEHICLE REPORT (MVR)**

**I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)**

**I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)**

**PLEASE PRINT LEGIBLY**

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| **SECTION 1 – DRIVER INFORMATION (must exactly match driving record)**  |
| **Full Name** **(First, Middle, Last)**  |   |
| **Driver Date of Birth** **(MM/DD/YY)**  |   | **Driver’s License Number**  |   |



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| **SECTION 2 – THIRD PARTY REQUESTOR INFORMATION**  |
| **Full Name** **(First, Middle, Last)**  |   |
| **Firm Name** **(if applicable)**  |   |
| **Address**  |   |
| **FOR DEPARTMENTAL USE ONLY**  |

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| **SECTION 3 – TERM OF REQUEST**  |
| **Please choose one of the following options:** **Three (3) year Georgia MVR ($6.00 fee)** **Seven (7) year Georgia MVR ($8.00 fee)** **Lifetime Georgia MVR ($8.00 fee)** **If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier’s checks, money orders, and company checks.**  |

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| **SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER**  |
|  **Under penalty of law, I hereby request release of my driving record; OR** **(Please check one) consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.**  |
| **Signature of Driver**  |   | **Date** **(MM-DD-YY)**  |   |

**DDS-18 (11/14)**