**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)**