

**Part I - Request for Motor Vehicle Records (MVR)**

I am requesting a **driver license record (MVR)** for the following person(s), enter name as it appears on the NC driver license:

NCDL/ID # \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

NCDL/ID # \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

NCDL/ID # \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

NCDL/ID # \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

NCDL/ID # \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

*(If more than 5 MVRs are needed, a separate sheet may be attached with **all the above information** for the additional MVRs)*

Please indicate the type MVR you are requesting, fees are set by NCGS 20-26(c) and are as follows:

**Certified Complete History - \$11.00**  
 (meets Court requirements)
     
  **Uncertified Complete - \$8.00**  
 History
     
  **Uncertified Limited - \$8.00**  
 History (3 years)

I am qualified to receive this information under the category circled on Side 1 (see items 1-12). I understand that I may not re-disclose this information except for the reasons listed on side 1.

Requested by: Full name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature (**Required**) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ License/ID Number/State \_\_\_\_\_

SSN or ITIN (if no license/ID #) \_\_\_\_\_ Telephone # \_\_\_\_\_

*Please allow **10 business days processing time**, this **DOES NOT** include US Postal Service delivery time to or from the DMV*

**Make checks payable to NCDMV (ensure that your driver license number is printed or written on your check or money order)**

**Mail requests to NCDMV, Driver License Records Unit, 3113 Mail Service Center, Raleigh NC 27699-3113**

**Part II - Request for Address History**

I am qualified to receive this information under the category circled on Side 1 (see items 1-12). I understand that I may not re-disclose this information except for the reasons listed on side 1. I have enclosed the required fee of \$10.00.

I am requesting the address history of (full name) \_\_\_\_\_

NCDL/ID # \_\_\_\_\_ DOB \_\_\_\_\_ SSN or ITIN \_\_\_\_\_

Signature (**Required**) \_\_\_\_\_ (Date) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_

**Make checks payable to NCDMV (ensure that your driver license number is printed or written on your check or money order)**

**Mail requests to NCDMV, Driver License Section, Information Services Branch, 3114 Mail Service Center, Raleigh NC 27699-3114**

**NOTICE: It is unlawful for any person to make false representation to obtain any personal information from an individual motor vehicle record.**