



**DRIVER LICENSE HISTORY RECORD REQUEST**

**INSTRUCTIONS:** Return completed form along with required payment (\$3.00) to the Kentucky Transportation Cabinet, Department of Vehicle Regulation, Division of Driver Licensing, 200 Mero Street, 2<sup>nd</sup> Floor, Frankfort Kentucky 40622.

This form and additional information can be found at [drive.ky.gov](http://drive.ky.gov).

**SECTION 1: DRIVER INFORMATION**

|                 |  |           |      |                  |       |                   |     |
|-----------------|--|-----------|------|------------------|-------|-------------------|-----|
| FIRST NAME      |  | LAST NAME |      | DRIVER LICENSE # |       | SOCIAL SECURITY # |     |
| MAILING ADDRESS |  |           | CITY |                  | STATE |                   | ZIP |
| EMAIL           |  |           |      | PHONE            |       | DATE OF BIRTH     |     |

**SECTION 2: REQUESTOR INFORMATION**

|                 |  |       |  |       |  |     |
|-----------------|--|-------|--|-------|--|-----|
| FULL NAME       |  | EMAIL |  | PHONE |  |     |
| MAILING ADDRESS |  | CITY  |  | STATE |  | ZIP |

Select the information requested.

- [Three-year Driving History Record](#) (also available for purchase and download online)
- Certified full Driving History Record/clearance letter to transfer KY license to another state (*Notarization required.*)
- Other (*Please specify.*): \_\_\_\_\_

Pursuant to 18 U.S.C Section 2722, the Driver's Privacy Protection Act of 1994 states, "It shall be unlawful for any person knowingly to obtain or disclose personal information from a motor vehicle record for any use not permitted under section 2721(b) of this title." I certify that this release of information is permissible for the purpose checked above and will be used only as indicated. I, the undersigned, take full responsibility for any violations of the Act.

|   |                     |      |
|---|---------------------|------|
| PRINTED NAME OF AGENCY REPRESENTATIVE<br><i>(if applicable)</i> | REQUESTOR SIGNATURE | DATE |
|---|---------------------|------|

**SECTION 3: AUTHORIZATION** (*required if certified full Driving History Record is checked above*)

I, the undersigned, authorize the Division of Driver Licensing to release my **full Driving History Record** to the requestor (individual or agency) specified in Section 2 above.

|              |           |      |
|--------------|-----------|------|
| PRINTED NAME | SIGNATURE | DATE |
|--------------|-----------|------|

County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_.