



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, 2nd Floor, Frankfort Kentucky 40622.

This form and additional information can be found at 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 <i>(if applicable)</i>	_____ REQUESTOR SIGNATURE	_____ DATE
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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
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County of _____

Subscribed and sworn to me this _____ day of _____, 20_____.

Notary Public _____ My commission expires _____.