



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF TRANSPORTATION
REGISTRY OF MOTOR VEHICLES**



RACHEL KAPRIELIAN
REGISTRAR

DRIVER CONTROL UNIT
P.O. Box 55896
BOSTON, MA 02205
WWW.MASS.GOV/RMV

REQUEST FOR DRIVING RECORD

(Fee: \$15.00)

Please print clearly.

Requestor Information

Does the Driving Record need to be certified (imprinted with a Registrar's stamp)? Yes No

Certified requests are only processed by the Driver Control Unit at 630 Washington Street, Boston, MA 02116.

If mailing your request, use the P.O. Box above and include a check or money order payable to the RMV.

Name of Requestor: _____ Date: _____

Address of Requestor: _____

City: _____ State: _____ Zip _____

If requesting as an authorized representative of:

Name of Company/Agency: _____

Company/Agency Address: _____

Requests a Driving Record for the following person:

All information MUST be supplied.

Requested Driver Information

Name: _____

Last

First

Middle or Initial

Date of Birth: _____ / _____ / _____

Month

Day

Year

Driver's License Number: _____

Note: If you do not know the Driver's License Number and believe that you may qualify as a permitted user of personal information from motor vehicle records under the Driver Privacy Protection Act, 18 U.S.C 2721 et seq, please indicate this to the RMV representative.