



**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: \$20.00)

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.**