



Authorized Release of Personal Driving History/ Full Certified Driving History

Court Records Department • Haymarket RMV Service Center, 3rd Floor
136 Blackstone St., Boston, MA 02109

A Personal Driving History or Full Certified Driving History request may be processed in-person at the Court Records Department located in the Haymarket RMV Service Center, 3rd Floor, 136 Blackstone Street, Boston, MA 02109. For in-person transactions, the RMV will accept cash, check, or money order payable to MassDOT. Individuals may also request a Personal Driving History or Full Certified Driving History by mailing the required form and fee to: Registry of Motor Vehicles, Court Records Department, P.O. Box 55896, Boston, MA 02205. The RMV will only accept a check or money order payable to MassDOT for mailed Personal Driving History or Full Certified Driving History requests.

All requests **must** be submitted to the Court Records Department. The documents you receive will be true and attested documents of the Registry of Motor Vehicles.

A. Document Requested

- Personal Driving History** – This includes a record of all offenses, regardless of disposition, that occurred over the Massachusetts license holder’s driving career.
- Full Certified Driving History** – This includes a copy of the Massachusetts license holder’s Personal Driving History and all correspondence, such as suspension and revocation letters, sent to the license holder by the Registry of Motor Vehicles.

B. Please Select Number 1, 2, or 3 Below

1. I, the license holder, am requesting a copy of my Personal Driving History / Full Certified Driving History for my own personal use. Your signature is required in Section C.
2. I am authorizing release of my Personal Driving History/Full Certified Driving History to another person (an “authorized recipient”). Signatures of both the license holder and the authorized recipient are required in Section D.
3. I am a federal, state, or local government agency official, or law enforcement, requesting access to this Personal Driving History/Full Certified Driving History in the course of my official duties/capacity. Your signature is required in Section E.

C. License Holder Information (Complete if selecting Option 1 of Section B)

Last Name	First Name	Middle Name	Suffix
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License #	Date of Birth (MM/DD/YYYY)	Last 4 Digits of Social Security #
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Address

Street	Apt. #	City	State	Zip Code
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Signature: _____

D. Authorization (Complete if selecting Option 2 of Section B)

Complete this section if you are authorizing release of your Personal Driving History/Full Certified Driving History to an authorized recipient:

I, _____ / _____
(print name) (signature)

hereby authorize the release of my Personal Driving History and/or Full Certified Driving History. I acknowledge that I am authorizing the release of information that is otherwise protected under Chapter 64 of the Acts of 2016. I understand that Chapter 64 of the Acts of 2016 prevents the public release of certain historical drug offense, warrant, and child support obligation information that may appear in my Personal Driving History or Full Certified Driving History. I consent to release my Personal Driving History/Full Certified Driving History to the person and address listed below.

Record Holder’s License #	Date of Birth (MM/DD/YYYY)	
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Authorized Recipient’s Last Name	First Name	Middle Name	Suffix
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Recipient’s License #	
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Recipient’s Address

Street	Apt. #	City	State	Zip Code
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D. Authorization (continued)

Has a photocopy of the authorized recipient's ID been attached? Yes No

Address where the Personal Driving History/Full Certified Driving History is to be mailed. If blank, the requested information will be mailed to the License Holder's address on file with the RMV:

Mailing Address

Street Apt. # City State Zip Code

REQUIRED:

If you are an authorized recipient and have requested a Personal Driving History or Full Certified Driving History, you **must** sign below. Under penalties of perjury, I acknowledge I will be receiving information that is otherwise protected from public release under Chapter 64 of the Acts of 2016.

Signature of Authorized Recipient: _____

E. Federal, State, or Local Government Agency Information (Complete if selecting Option 3 of Section B)

The requestor is a federal, state, or local government agency, or a private person or entity acting on behalf of a federal, state, or local government agency, and the records will be used to carry out the official functions of such federal, state, or local government agency. Appropriate documents identifying the requestor are required. A photocopy of the ID will be made to file with the request.

Record Holder's License #	Date of Birth (MM/DD/YYYY)	
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Name of Agency	Phone #
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Contact Person	Phone #
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Address

Street Apt. # City State Zip Code

Occupational License # or Professional License #	
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Signature of Official Recipient: _____

Has a photocopy of the requestor's ID been attached? Yes No

Has a photocopy of the requestor's occupational license or professional license been attached? Yes No