



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

Instructions:

1. Complete as much information as possible on this form so the RMV can properly search your request.
 - a. If requesting your own information complete sections, A, B, and C.
 - b. If you are authorizing the release of your Personal Driving History/Full Certified Driving History to another person an "authorized recipient" complete sections A, B, C, D and F.
 - c. If you are a federal, state, or local government agency official, or law enforcement, requesting access to this Personal Driving History/Full Certified Driving History complete sections A, B, C, D, E, and F.
2. Mail completed form, applicable fee, and appropriate identification documents to:

Massachusetts Registry of Motor Vehicles
P.O. Box 55889 Boston, MA 02205-5889
Attn: Court Records Department
or
3. Bring completed form, applicable fee, and appropriate identification documents to:

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

NOTE: A photocopy of the Requestor's license/state issued ID or current agency issued photo ID/ badge must be submitted with this form. Authorized recipient requests must submit a photocopy of both the license holder's license/state issued ID card and the authorized recipient's license/state issued ID card. *Your request will not be processed without this information.*

A. Document Requested

- Personal Driving History** \$20 – This includes a record of all offenses, regardless of disposition, that occurred over the Massachusetts license holder's driving career.
- Full Certified Driving History** \$20 – 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. *You are required to submit a photocopy of your license/state issued ID with your request.*
2. I am authorizing the 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. *You are required to submit a photocopy submit a photocopy of both the license holder's license/state issued ID card and the authorized recipient's license/state issued ID card.*
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 F. *You are required to submit a photocopy of your current agency issued photo ID/ badge.*

C. License Holder Information

Last Name		First Name		Middle Name	Suffix
License #	Date of Birth (MM/DD/YYYY)		Last 4 Digits of Social Security #		
Address					
Street	Apt. #	City	State	Zip Code	

Signature: _____ Date: _____

D. Authorization

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)		
Authorized Recipient's Last Name	Authorized Recipient's First Name	Middle Name	Suffix
Recipient's License #	Recipient's Email		

Recipient's Address

Street Apt. # City State Zip Code

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: _____ Date: _____

E. Federal, State, or Local Government Agency Information

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)	
Name of Agency	Business Phone #	
Requestor Last Name	Requestor First Name	Phone #
Address		
Street	City	State Zip Code
Occupational License # or Professional License #	Recipient's Email	

F. Certification of Requestor – Read Carefully

The Requestor certifies that all the Registry of Motor Vehicles records obtained by the Requestor will be used solely and exclusively for the reasons indicated above, and for no other purpose. The Requestor shall be responsible for any improper or unauthorized access to or use of these records by any of its employees, servants, agents, or contractors. The Requestor is prohibited from re-disclosing the information, except in accordance with applicable law. The Requestor acknowledges that the Registry of Motor Vehicles is relying on the truth of the representations contained in this request in granting the Requestor access to the records, and the Requestor intends that the Registry so rely.

The Requestor acknowledges that it **must** keep, for a period of five (5) years, records identifying each person it has sought information about and the permitted purpose for which the information was sought. The Requestor agrees to make such records available to the RMV upon request. The Requestor agrees to indemnify the Massachusetts Department of Transportation, its agents, officers and employees with respect to any claims asserted by an individual whose personal information was disclosed to the Requestor in reliance upon the representations made herein and the Requestor further agrees to hold harmless the Massachusetts Department of Transportation, its agents, officers and employees with respect to any claims the Requestor may have as to the accuracy of the information provided.

By signing below, and in accordance with Section 7 of Chapter 81 of the Acts of 2022, as well as implementing regulations contained in 940 CMR 37.00, you and your employees, agents, or contractors (collectively, "End Users") certify under the pains and penalties of perjury that before any such access or use of said records (including information from the Registrar facilitated through a database or automated network), you shall not:

- i. Use such records or information for the purpose of enforcing federal immigration law (including the investigation, participation, or cooperation with the enforcement of such law); or
- ii. Disclose said records or information to any agency that primarily enforces immigration law or to any employee or agent of any such agency, unless the officer, employee, agent, or contractor is provided with a lawful court order or judicial warrant signed by a judge appointed pursuant to Article III of the United States Constitution, a federal grand jury or trial subpoena, or as otherwise required by federal law; or
- iii. Allow any End Users to access said records or information unless they certify compliance with the representations of subparagraphs (i) and (ii) above.

Please be advised that violation of this certification shall be unlawful. The Registrar shall immediately deny, or revoke access to, information to any End User that the Registrar has reason to believe has, or will have, violated the law, its implementing regulations, or this certification.

This certification is signed under the penalties of perjury this _____ day of _____, 20 _____

Requestor's Name: _____ Requestor's Signature: _____