

West Virginia Department of Transportation Division of Motor Vehicles Request for Driving Record



Call | (304) 926-3802
Fax | (304) 926-3899
Email | DMVDriverRec@wv.gov

PLEASE COMPLETE THE FORM DMV-101-PS2 (DRIVING RECORD RELEASE AUTHORIZATION) IN ADDITION TO THIS FORM IF YOU ARE REQUESTING DMV TO RELEASE YOUR DRIVING RECORD TO ANYONE OTHER THAN YOURSELF.

This form may be used for multiple requests and a fee of **\$5.00 per name** must accompany each request. You may duplicate this form or contact the Division of Motor Vehicles for additional forms or any questions by telephoning 1-800-642-9066. Driver's license number and last name must be provided. If you do not have the driver's license number, you must provide the social security number and/or date of birth with an additional \$1.00 fee.

All fees are non-refundable.

Driver's License Number	Name	Social Security Number	Date of Birth

Please return requested records to the following address:

PLEASE PRINT COMPANY NAME, IF APPLICABLE		TELEPHONE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP

Any person may request their own driving record at any DMV regional office. You must provide your federal or state government issued ID or driver's license for proof of identification.

All other requests must be sent to the address provided below. You may not obtain information about others without their signed written consent (attach form DMV-101-PS-2) or unless the request is made by a company/business on letterhead and provides a legitimate and detailed reason for the request as defined in the Uniform Motor Vehicles Records Disclosure Act (§17-A-2A-1 et seq.). **Each request form submitted must include a copy of the requestor's federal or state government issued ID or driver's license. If you do not have a photo ID you must include a copy of a birth certificate, and social security card.** If you do not meet these requirements, your reasons will be reviewed and if accepted, you will receive a driving record that excludes all personal information from the record.

Any person who knowingly or willfully obtains information under false pretenses will be in violation of federal law, and if convicted, will be fined not more than \$1,000 and/or imprisoned not more than one year. I hereby certify that the information obtained from the Division of Motor Vehicles will be used for the sole purpose stated above.

(X) _____
SIGNATURE OF REQUESTOR

OFFICE USE ONLY
ID VERIFIED BY: _____

If you do not qualify for the information requested, you may submit a Message Forwarding Form. On this form you may write a message and the Division of Motor Vehicles will forward the form with all information you provide to the licensee at their current address in our records. This service has a non-refundable fee of \$5.00. The DMV does not guarantee a delivery or response.

Any request for a driving record other than the individual's own, must be submitted to the WV-DMV at the address listed below. DMV Regional offices are prohibited from dispensing driving records to anyone requesting another individual's records.

Before mailing, be sure you've included: A completed DMV-101-PS1 form, applicable fees, copy of driver's license or photo ID, letterhead explanation, and a completed DMV-101-PS2 (if applicable).

<p>Please mail your request to:</p> <p>WV Division of Motor Vehicles Insurance Section / Driving Records</p> <p>PO Box 17020 Charleston, WV 25317</p>	<p>You may also email or fax your request, but you MUST make a follow-up call to make your payment, prior to 4pm.</p> <p>Fax (304) 926-3899 Email DMVDriverRec@wv.gov Call (304) 926-3802</p>
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