

Georgia Department of Driver Services Customer Service, Licensing and Records Division

Customer Service, Licensing and Records Division P.O. Box 80447 Conyers, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)				
☐ I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)				
PLEASE PRINT LEGIBLY				
SECTION 1 – DRIVER INFORMATION (must exactly match driving record)				
Full Name		·		•
(First, Middle, I	Last)			
Driver Date of I	Birth	Driver's Licen	se	
(MM/DD/YY)		Number		
			<u>.</u>	
SECTION 2 -	- THIRD PARTY REQUESTOR	R INFORMAT	ION	
Full Name				
(First, Middle, I	Last)			
Firm Name				
(if applicable)				
Address				
FOR DEPARTMENTAL USE ONLY				
SECTION 3 – TERM OF REQUEST				
Please choose one of the following options:				
Three (3) year Georgia MVR (\$6.00 fee)				
Seven (7) year Georgia MVR (\$8.00 fee)				
Lifetime Georgia MVR (\$8.00 fee)				
If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier's checks, money orders, and company checks.				
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SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER				
Under penalty of law, I hereby (Please check one) request release of my driving record; OR consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.				
Signature of			Date (MM-DD-VV)	