

## Certified/Non-Certified Driver Records Request Procedure

When requesting driving records the following procedures must be followed for 5 or more requests:

1. Three copies must be submitted when listing more than 5 requests.
2. Use only 8 1/2" x 11" white paper, no speed letters, etc.
3. Double space license numbers or names and date of birth.
4. Number 1 thru 22 requests only per page.
5. Only Maryland driver license numbers are to be listed. Do not list anything else in the license number column.  
The Maryland driver license number consists of an initial letter followed by twelve numbers.  
They should be listed as follows:       **A-000-000-000-000**
6. List should be typewritten, but we will accept legible handwriting.
7. Make sure your return address is on all copies of the list, include your zip code.

8. Address requests to:  
Motor Vehicle Administration  
Division of Driver Services  
Driver Records Units, Room 145  
6601 Ritchie Highway, N.E.  
Glen Burnie, Maryland 21062

9. On the reverse of this page is a sample blank form which you may copy and use for requesting certified copies.

We are unable to process requests when the request form fails to comply with the above instructions.

If the Maryland driver license number is provided, it will not be necessary to list the individual's name or date of birth. If the license number is not provided, the full name, including first, middle and last name, along with complete date of birth, must be listed.

The complete name is necessary in order to convert the full name and date of birth into the soundex/driver license number, to request a record.

A prepaid fee of **\$9.00** for each non-certified record or **\$12.00** for each certified record requested must accompany the request. Remittance must be in the form of a check or money order since cash could be lost in handling and stamps are not acceptable. Make check or money order payable to **Motor Vehicle Administration (MVA)**. Checks must have imprinted name and address and include a driver license number, and home or work telephone number. If the payor is a company, the Federal Employer's Identification (FEIN) Number and home or work phone number must be included.

The driver license number or full name and date of birth is what will be submitted to data processing. If an incorrect number, even a **single digit** is incorrect on your request form, you will receive either the record of another person or no driving record under the number or name furnished, and in addition, you will be charged a fee of \$9.00 or \$12.00 since we must account for a fee for each record processed.

If you have any questions regarding this procedure, please do not hesitate to contact the Driver Records Unit at **(410) 768-7034**.

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Page: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosed is a check in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ certified/non-certified copies of Maryland driving records on the following:

| License Number | Last Name | First | Middle | DOB | Notations |
|----------------|-----------|-------|--------|-----|-----------|
| 1.             |           |       |        |     |           |
| 2.             |           |       |        |     |           |
| 3.             |           |       |        |     |           |
| 4.             |           |       |        |     |           |
| 5.             |           |       |        |     |           |
| 6.             |           |       |        |     |           |
| 7.             |           |       |        |     |           |
| 8.             |           |       |        |     |           |
| 9.             |           |       |        |     |           |
| 10.            |           |       |        |     |           |
| 11.            |           |       |        |     |           |
| 12.            |           |       |        |     |           |
| 13.            |           |       |        |     |           |
| 14.            |           |       |        |     |           |
| 15.            |           |       |        |     |           |
| 16.            |           |       |        |     |           |
| 17.            |           |       |        |     |           |
| 18.            |           |       |        |     |           |
| 19.            |           |       |        |     |           |
| 20.            |           |       |        |     |           |

Check #: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Signature of requestor: \_\_\_\_\_

My signature acknowledges, under penalty of criminal prosecution, that I will use information received from the Motor Vehicle Administration (MVA) solely for the purpose I describe on this application and further agree that I will not release personal information obtained from MVA records except as permitted by §10-610, 10-616, 10-626 of the State Government Article.

Employer (Name):

"I certify that I am an employer or potential employer of the individual for whom I am requesting/receiving a driving record, and that a valid commercial driver's license is required of the individual as a condition of employment."

Employer's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.