

Public Service Agency REQUEST FOR YOUR OWN DRIVER LICENSE/IDENTIFICATION CARD (DL/ID) OR VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD FEE: \$5.00 FOR EACH CURRENT RECORD

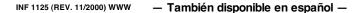
Write your DL/ID number or plate or VIN on the front or the back of your check.

DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

REQUESTER'S INFORMATION PL	LEASE PRINT CLEARLY
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FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS				
СІТҮ			STATE	ZIP CODE
DAYTIME TELEPHONE				
()				
SIGNATURE			DATE	
X				
Check box(es) for type of re	cord(s) you ai	e requesting.		
DRIVER LICENSE/ID REG	VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)			
A. CALIF. DRIVER LICENSE/ID NUMB	ER	C. CALIF. LICEN	ISE/CF NUMBER	
B. BIRTH DATE (MO/DAY/YR)		D. VEHICLE/VESSEL ID NUMBER		
		SE ONLY		
ID Verified by Cashier Lir		SE ONLY		
This request may be preser	ne Date		DMV office or n	nailed to D
-	ne Date nted in persor			nailed to D
This request may be preser Headquarters:	ne Date nted in persor Departme P. O. Box	to your local nt of Motor V 944247 N	ehicles IS G199	nailed to D
This request may be preser Headquarters:	ne Date nted in persor Departme P. O. Box	to your local nt of Motor V	ehicles IS G199	nailed to D
This request may be preser	ne Date nted in persor Departme P. O. Box Sacramer	to your local nt of Motor V 944247 N	ehicles IS G199	nailed to D
This request may be preser Headquarters:	ne Date nted in persor Departme P. O. Box Sacramer Complete	nt of Motor V 944247 N nto, CA 94244	ehicles IS G199 1-2470	
This request may be present Headquarters: INF 1125 (REV. 11/2000) WWW	ne Date nted in persor Departme P. O. Box Sacramer Complete	nt of Motor V 944247 N nto, CA 94244	ehicles IS G199 1-2470	
This request may be present Headquarters: INF 1125 (REV. 11/2000) WWW Send information to:	ne Date nted in persor Departme P. O. Box Sacramer Complete	nt of Motor V 944247 N nto, CA 94244	ehicles IS G199 1-2470	





REQUEST FOR YOUR OWN

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FULL LEGAL NAME (FIRST, MI, LAST)

CITY			STATE	ZIP C
DAYTIME TELEPHONE				
()				
SIGNATURE			DATE	
<u>X</u>				
Check box(es) for type of r	ecord(s) you a	re requesting.		
DRIVER LICENSE/ID RECORD (Complete boxes A & B)		VEHICLE/VESSEL REGISTRATIO RECORD (Complete boxes C & D		
A. CALIF. DRIVER LICENSE/ID NUM	BER	C. CALIF. LICEN	SE/CF NUMBER	
B. BIRTH DATE (MO/DAY/YR)		D. VEHICLE/VESSEL ID NUMBER		
ID Verified by Cashier Li	-	SE ONLY		
This request may be prese	ine Date		DMV office or r	nailed to
	ine Date ented in person Departme	n to your local l		nailed to
This request may be prese Headquarters:	ine Date ented in perso Departme P. O. Boy	n to your local l ent of Motor Vo < 944247 M	ehicles S G199	nailed to
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