



**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 PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE

X

DATE

Check box(es) for type of record(s) you are requesting.

☐ DRIVER LICENSE/ID RECORD
(Complete boxes A & B)

A. CALIF. DRIVER LICENSE/ID NUMBER

☐ VEHICLE/VESSEL REGISTRATION
RECORD (Complete boxes C & D)

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles
P. O. Box 944247 MS G199
Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

INF 1125 (REV. 11/2000) WWW

— También disponible en español —



**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 PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE

X

DATE

Check box(es) for type of record(s) you are requesting.

☐ DRIVER LICENSE/ID RECORD
(Complete boxes A & B)

A. CALIF. DRIVER LICENSE/ID NUMBER

☐ VEHICLE/VESSEL REGISTRATION
RECORD (Complete boxes C & D)

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles
P. O. Box 944247 MS G199
Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

Complete if mailing.

Send information to: (Print your name and address clearly in the box.)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

INF 1125 (REV. 11/2000) WWW

— También disponible en español —