



Georgia Department of Driver Services
 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, Last)			
Driver Date of Birth (MM/DD/YY)		Driver's License Number	

SECTION 2 – THIRD PARTY REQUESTOR INFORMATION			
Full Name (First, Middle, Last)			
Firm Name (if applicable)	RECORDS DEPOSITION SERVICE, INC.		
Address	PO BOX 5054 SOUTHFIELD, MI 48086-5054	P: 248.357.3330 REQUESTS@RECDEP.COM	F: 248.357.3337
FOR DEPARTMENTAL USE ONLY			

SECTION 3 – TERM OF REQUEST
<p>Please choose one of the following options:</p> <p><input type="checkbox"/> Three (3) year Georgia MVR (\$6.00 fee)</p> <p><input type="checkbox"/> Seven (7) year Georgia MVR (\$8.00 fee)</p> <p><input type="checkbox"/> Lifetime Georgia MVR (\$8.00 fee)</p> <p>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.</p>

SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER			
Under penalty of law, I hereby (Please check one)	<input type="checkbox"/>	request release of my driving record; OR	
	<input type="checkbox"/>	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 Driver		Date (MM-DD-YY)	