



AUTHORIZED RELEASE OF PERSONAL DRIVING HISTORY/FULL CERTIFIED DRIVING HISTORY

(Fee: \$20.00)

A Personal Driving History or Full Certified Driving History request may be processed in-person at the Court Records Department located in the Haymarket RMV Service Center, 3rd Floor, 136 Blackstone Street, Boston, MA 02109. For in-person transactions, the RMV will accept cash, check, or money order payable to MassDOT. Individuals may also request a Personal Driving History or Full Certified Driving History by mailing the required form and fee to: Registry of Motor Vehicles, Court Records Department, P.O. Box 55896, Boston, MA 02205. The RMV will only accept a check or money order payable to MassDOT for mailed Personal Driving History or Full Certified Driving History requests.

All requests must be submitted to the Court Records Department. The documents you receive will be true and attested documents of the Registry of Motor Vehicles.

Section 1: Please identify the document you are requesting

- Personal Driving History - This includes a record of all offenses, regardless of disposition, that occurred over the Massachusetts license holder's driving career.
- Full Certified Driving History - This includes a copy of the Massachusetts license holder's Personal Driving History and all correspondence, such as suspension and revocation letters, sent to the license holder by the Registry of Motor Vehicles.

Section 2: Please Select A, B or C below

- A I, the license holder, am requesting a copy of my Personal Driving History / Full Certified Driving History for my own personal use. Your signature is required in Section 3.
- B I am authorizing release of my Personal Driving History/Full Certified Driving History to another person (an "authorized recipient"). Signatures of both the license holder and the authorized recipient are required in Section 4.
- C I am a federal, state, or local government agency official, or law enforcement, requesting access to this Personal Driving History/Full Certified Driving History in the course of my official duties/capacity. Your signature is required in Section 5.

Section 3: License Holder Information:

Name: _____ License Number: _____

Address: _____

Date of Birth: _____ Last 4 Digits of SSN: _____

Signature: _____