



## PUBLIC DRIVING RECORD REQUEST FORM

(Fee: \$20.00)

Public Driving Record requests may be processed in-person at RMV Service Centers across the Commonwealth or at the Court Records Department located in the Haymarket RMV Service Center, 3<sup>rd</sup> 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 request a Public Driving Record 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 Public Driving Record requests. Individuals may also obtain a Public Driving Record by completing the request online at [www.MassRMV.com](http://www.MassRMV.com). The RMV will only accept credit card payments for online Public Driving Record requests.

The RMV will provide the requestor with a true and attested version of the Public Driving Record if that request is processed either in-person or via the mail. A true and attested version will contain an official stamp of the Registrar of Motor Vehicles. For online Public Driving Record requests, an individual may select either a true and attested or unattested version. The unattested version does not contain an official stamp of the Registrar of Motor Vehicles and is best for personal use. This online unattested version of the Public Driving Record is available for a fee of six dollars (\$6.00). The online true and attested version of the Public Driving Record is available for a fee of twenty dollars (\$20.00).

### Section 1: Requestor Information (If requesting as the license holder, complete only this section)

Name of Requestor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requestor's License Number: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Section 2: Company/Agency Information (If requesting as an authorized representative/entity, complete both Section 1 and Section 2)

**All information MUST be supplied.**

Name of Company/Agency: \_\_\_\_\_

Company/Agency Address: \_\_\_\_\_

**The authorized representative/entity requests a Public Driving Record for the following person:**

Record Holder's Name: \_\_\_\_\_

Record Holder's Date of Birth: \_\_\_\_\_

Record Holder's License Number: \_\_\_\_\_

#### Notes:

- If you do not provide the Driver's License Number and believe that you may qualify as a permitted user of personal information contained in motor vehicle records under the Federal Driver Privacy Protection Act (18 U.S.C §2721, et seq), please indicate this to the RMV representative.
- Following the passage of Chapter 64 of the Acts of 2016, Public Driving Records no longer display certain historical drug offense violations, warrants, and child support obligations. To qualify to view this information, customers must refer to the form titled: **AUTHORIZED RELEASE OF PERSONAL DRIVING HISTORY/FULL CERTIFIED DRIVING HISTORY**.