



Motor Vehicle Division

96-2003 R07/21

azdot.gov

Authorization to Release Limited Driver History Information

Section I – Requestor Information

Full Legal Name (first, middle, last, suffix)		Organization Name (if applicable)	
Permanent Residence or Organization Address		City	State Zip
Mailing Address (if different from above)		City	State Zip
Residence Phone ()	Business Phone ()	E-mail Address	
Professional License Number (i.e. State Bar Number)			

Section II – Information Requested

If this is a question regarding Driver History, please attach the Motor Vehicle record. If the MVR is attached, disregard this section and move to Section III.

Driver Full Legal Name (first, middle, last, suffix)	Driver Date of Birth
Driver License Number	

Section III – Please describe the information you are requesting:

By signing this form, I certify that I shall adhere to the requirements for the release of information in accordance with the Federal Driver's Privacy Protection Act (DPPA), 18 U.S.C. §§2721-2725 and A.R.S. Title 28, Chapter 2, Article 5, and pursuant to the permissible use(s) allowed in A.R.S. § 28-455.

Applicant Name (first, middle, last, suffix)	
Applicant Signature	Date