



Anchorage Driver Services Request for Certified Records

Date of Request: _____ Date Needed: _____

Record should be:

Emailed to State Email: _____@alaska.gov

Mailed to: _____

Emailed to an outside email: _____

Requesting Agency:

District/Municipal/State Attorney City/State/County: _____

Alaska State Trooper Trooper: _____ Location: _____

Police Department Officer: _____ Location: _____

Requested by:

Above named individual

Name: _____ Office: _____

Information requested:

Full driving record Other documents (may require subpoena): _____

Please complete the below information for whom you are requesting information.

Name: _____ DOB: _____

AK DL: _____ Case #: _____

I certify this information will be for use by an attorney licensed to practice law in connection with a civil, criminal, administrative or arbitration proceeding in any court or government agency.

I understand that in accordance with Alaska Statute 28.15.151 the Division of Motor Vehicles shall provide a certified abstract of the driving record. All other documents requested may require a subpoena to be issued.