



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)	Lisa Darlene McDonald
Firm Name (if applicable)	Safety On Site, Inc.
Address	898 Bryant Hill Rd., Marshallville, GA 31057
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST
<p>Please choose one of the following options:</p> <p><input checked="" 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 checked="" 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)	