

**ALABAMA DEPARTMENT OF PUBLIC SAFETY
EMPLOYER REQUEST FOR LIFETIME DRIVING RECORD
(FOR CDL AND PROSPECTIVE CDL DRIVERS ONLY)**

Requestor Must Provide Alabama Driver License Number

Please complete the following information on employee in order to request a driver history:

Alabama Driver License Number _____

Full Name _____

Date of Birth _____ Sex _____

THE FOLLOWING MUST BE COMPLETED OR REQUEST WILL BE DENIED

DATE OF REQUEST: _____.

Employee Certification:

I, _____, do hereby give my consent for
Signature of Employee _____ to obtain a
_____ to obtain a
Company Name and Address

copy of my lifetime driving record for **CDL** employment purposes only.

Signature of Company Representative _____

Printed Name of Company Representative _____

A SELF ADDRESSED STAMPED ENVELOPE **AND** CASHIER'S CHECK OR MONEY ORDER MADE PAYABLE TO **ALABAMA DEPARTMENT OF PUBLIC SAFETY** IN THE AMOUNT OF \$15.00 MUST BE ENCLOSED WITH THIS REQUEST. NO PERSONAL CHECKS ACCEPTED.

Alabama Department of Public Safety
Driver License Division/CDL Unit
P.O. Box 1471
Montgomery, AL 36102-1471

REQUEST VOID AFTER 90 DAYS.