

## REQUEST FOR OWN DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)

## VEHICLE/VESSEL REGISTRATION (VR) RECORD FEE: \$5.00 FOR EACH CURRENT RECORD

Write your DL/ID number or plate or VIN on the front or the back of your check.

DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

FULL LEGAL NAME (FIDOT AND LAGE		ASE PRINT (	CLEARLI	
FULL LEGAL NAME (FIRST, MI, LAST,	)			
ADDRESS				
CITY			STATE	ZIP CODE
DAYTIME TELEPHONE				
( )				
SIGNATURE			DATE	
X				
Check box(es) for type of re	ecord(s) you a	re requesting.		
DRIVER LICENSE/ID RE (Complete boxes A & I		E/VESSEL REG D (Complete bo		
A. CALIF. DRIVER LICENSE/ID NUME			NSE/CF NUMBER	
B. BIRTH DATE (MO/DAY/YR)	D. VEHICLE/VESSEL ID NUMBER			
	DMV U	ISE ONLY		
ID Verified by Cashier Li	ne Date			
This request may be pres DMV Headquarters:	sented in per	son to your lo	ocal DMV offic	e or mailed
Divivirious quartore.	Departme	ent of Motor \	/ehicles	
		*	S G199	
INF 1125 (REV. 7/2018) <b>WWW</b>	Sacrame	nto, CA 9424	4-2470	
Cand information to		e if mailing.	- — — — — — — — — — — — — — — — — — — —	— — —
Send information to:	(Print your n	arrie ariu auu	ress clearly in t	ne box.)
NAME				
LADDRESS				
ADDRESS				

REQUEST FOR OWN
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)
Public Service Agency
OR

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REQUESTER'S INFORM	ATION PLE	ASE PRINT (	CLEARLY	
FULL LEGAL NAME (FIRST, MI, LAST	)			
ADDRESS				
CITY			STATE	ZIP CODE
DAYTIME TELEPHONE				
( )				
SIGNATURE			DATE	
X				
Check box(es) for type of re	ecord(s) you ai	re requesting.		
DRIVER LICENSE/ID RE (Complete boxes A &	☐ VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)			
A. CALIF. DRIVER LICENSE/ID NUMI	BER	C. CALIF. LICEN	SE/CF NUMBER	
B. BIRTH DATE (MO/DAY/YR)		D. VEHICLE/VESSEL ID NUMBER		
	DMV U	SE ONLY		
ID Verified by Cashier Li		SE ONLY		
ID Verified by Cashier Li This request may be pres DMV Headquarters:	ne Date		ocal DMV office	e or mailed
This request may be pres	ne Date sented in pers	son to your lo	ehicles	e or mailed
This request may be pres DMV Headquarters:	ne Date sented in pers Departme	son to your lo ent of Motor V 944247 MS	ehicles S G199	e or mailed
This request may be pres	ne Date sented in pers Departme	son to your lo	ehicles S G199	e or mailed
This request may be president of the pre	ne Date  Sented in pers  Departme P.O. Box Sacramer  Complete	ent of Motor V 944247 Ms nto, CA 94244	ehicles S G199 I-2470	
This request may be pres DMV Headquarters:	ne Date  Sented in pers  Departme P.O. Box Sacramer  Complete	ent of Motor V 944247 Ms nto, CA 94244	ehicles S G199 I-2470	
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CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS