**DRIVERS LICENSE INQUIRY**

**STATUS & RECORD REQUEST FOR INFORMATION**

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| **District:**  |
| **Contact name:**  |
| **Phone number:**  | **Email:**  |
| **Requested Information Needed by (*Date*):**  |
|  |
| **Subject DL/ID #:** |  **Driver’s Last Name, First Name** | **Date of Birth** **(MM/DD/YYYY)** |
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 *If I am accessing motor vehicle data, I acknowledge my use of the data qualifies as a "permissible use" as defined by the* ***Driver's Privacy Protection Act*** *(****18 U.S.C. § 2721 et seq.****) and state equivalents and that improper use may result in legal action.*

|  |  |  |  |
| --- | --- | --- | --- |
| *Executed at*  |  |  |  |
|  | *City* | *County* | *State* |
| *Date* |  | *Signature*  |  |
| *Name and title* |  |

*****(Does not have to be a wet signature, typed name is acceptable as well)*

**SEND TO: SISC OFFICE EMAIL: libeck@kern.org**

**QUESTIONS? Call 661.636.4495 FAX: 661.636.4868**

PL-DIR (AUG 2021)