**DRIVERS LICENSE INQUIRY**

**STATUS & RECORD REQUEST FOR INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |  | | --- | --- | --- | --- | | **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)** | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  |  |  |
|  |  |  |  |  |  |  |

*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: sisc\_pl@kern.org**

**QUESTIONS? Call 661.636.4495 FAX: 661.636.4868**

PL-DIR (AUG 2021)