

GOV'T AGENCY REQUEST FOR DRIVER LICENSE/IDENTIFICATION RECORD INFORMATION

RETURN TO: DEPARTMENT OF MOTOR VEHICLES, P.O. BOX 944231, MAIL STA. G201, SACRAMENTO, CA 94244-2310

1. REQUESTER CODE	2. SUBJECT DL/ID NUMBER	3. BIRTHDATE MO. / DAY / YR.	4. Information Requested <input type="checkbox"/> Status and Record <input type="checkbox"/> Certified <input type="checkbox"/> Order of Susp/Rev <input type="checkbox"/> Other <input type="checkbox"/> Proof of Service <input type="checkbox"/> Copy DL 44
5. NAME (LAST FIRST MIDDLE)	6. CITATION DATE		8. COURT DATE
7. ADDRESS CITY STATE ZIP CODE	9. REQUESTED INFORMATION NEEDED BY (DATE) *		
*Please submit the record request two weeks prior to the date needed. Otherwise, you may not receive the record information by the specified date. Each INF 254 Request Form must contain your return address (limited to 4 lines with no more than 35 characters per line) clearly entered below.			10. REQUEST FOR SPECIFIC COPY OF ORDER OF SUSPENSION OR REVOCATION 1. Effective date: _____ 2. Effective date: _____ 3. Effective date: _____
11. Attn: _____ From: [] . [] [] . [] . [] .			We are returning the enclosed request form(s) for the reason(s) checked below: <input type="checkbox"/> No record based on information submitted and/or illegible. <input type="checkbox"/> Requested documents purged. <input type="checkbox"/> Requested documents not on microfilm. <input type="checkbox"/> Suspension/Revocation and/or service order unavailable. Please resubmit in _____ days. <input type="checkbox"/> Best DL 44 available. <input type="checkbox"/> No DL 44 available. <input type="checkbox"/> No departmental action in effect. <input type="checkbox"/> No departmental action in effect on citation given. <input type="checkbox"/> No DL 44 available on "X" file records. <input type="checkbox"/> Your INF 254 request form must contain your requester code number, agency name, and return address. <input type="checkbox"/> Upon checking departmental files, a hard copy document is unavailable. A certified driver record has been provided in lieu of the Admin Per Se Order of Suspension. <input type="checkbox"/> As of March 1, 1988, the only record of Financial Responsibility and Civil Judgment suspension orders will be in the Driver License Master files for each affected subject. Initials/Unit _____ Date _____

DISTRIBUTION: Original + Copy to Department (Copy returned with record information)

COMPLETING THE INF 254 FORM INSTRUCTIONS

- 1. Requester Code** Enter the requester code assigned to your agency. **This code number is required on all requests.**
- 2. License/ID Number** Enter the permanent California driver license/identification card number, including the single letter prefix.
- 3. Birth Date** Use a six digit numerical form for the birth date. For example, enter February 25, 1950 as 02/25/50. The birth date is required for identification purposes on requests submitted without the driver license number.
- 4. Information Requested** The "Status and Record" box must be checked to request a record printout. **The remaining items listed are furnished only to meet special needs.**
- 5. Name (Required)** Enter the subject's full name. Please avoid the use of abbreviations or initials if the full spelling is known.
- 6. Citation Date** Use this box to indicate the applicable date when requesting a copy of an order or a service document.
- 7. Address** Enter the subject's most complete/recent address available.
- 8. Court Date** Indicates the information being requested is connected with a pending court date and determines priority.
- 9. Requested Information Needed by (Date)** Information requests will require a minimum of ten (10) days processing in addition to four (4) days for mailing (14 days). Complete this box if the information is needed by a specific date. The department will make every attempt to accommodate you.
- 10. Request for specific copy of Order of Suspension or Revocation.**
- 11. From** The requesting agency's name and address is required in this space on each INF 254 form submitted. Your agency's address on the request form must be limited to a maximum of four lines and no more than 35 spaces per line. On the first line, a single "Attention" line may be added if needed to designate a particular person or unit within your agency. U.S. Postal Service requires that city, state and zip code must be last visible line in the address block. If your address has changed, please follow the instructions in Chapter 1, Section 1.001.

DEPARTMENT OF MOTOR VEHICLES
MAIL STATION G201
P.O. BOX 944231
SACRAMENTO, CA 94244-2310

Example ATTENTION LINE (<i>OPTIONAL</i>) AGENCY NAME STREET ADDRESS/PO BOX NUMBER CITY, STATE AND ZIP CODE
