STATE OF ALASKA DIVISION OF MOTOR VEHICLES COMPANY RELEASE FOR MULTIPLE DRIVING RECORDS

Company or Business Name (Please Print)						Telephone Number	
The undersigned do hereby authorize the DMV, to release their driving record to the above business or company:							
ALASKA DRIVER LICENSE NUMBER	PRINTED NAME	CIRCLE RECORD TYPE**			SIGNATURE		DATE (Valid for 90 days)
		Insurance	Full	CDL			
		Insurance	Full	CDL			
		Insurance	Full	CDL			
		Insurance	Full	CDL			
		Insurance	Full	CDL			
		Insurance	Full	CDL			
		Insurance	Full	CDL			

^{**} If you have a CDL, only a CDL Record can be provided per 2 AAC 90.470(d)