

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
DRIVING RECORD RELEASE

I, _____ do hereby
PRINTED NAME

authorize the State of Alaska, Division of Motor Vehicles, to
release my driving record to the following:

B&B Reporting, Inc & _____
PRINTED NAME OF PERSON(S) OR COMPANY

After printing the form, please check the information carefully and sign the
form.

SIGNATURE

DATE

ALASKA DRIVER LICENSE NUMBER