

National Driver Register
1200 New Jersey Avenue, S.E. NVS-422
Washington, D.C. 20590
(888) 851-0436

Date: _____
Re: Problem Driver Pointer System check

Dear Sirs,

I am writing to request a PDPS check of my driving record as a privacy act request.

Full legal name: _____
Date Of Birth: _____
State and Driver License Number: _____
Social Security Number: _____
Sex: _____
Height: _____
Weight: _____
Eye Color: _____

Signature

Subscribed and affirmed before me in the county of _____, State of _____, this _____ day of _____, 20__.

(Notary's official signature)

(Commission Expiration)

Notary
Seal