



Instructions

The attached documents contain personal data. ISP requires users to return the completed form through a secure method.

Integrated Screening Partners offers these methods.

Email:

1. Securely email transmission can be obtained by clicking this [link](#).
2. You will need to create a user registration if necessary
3. Send to customersevicteam@integratedscreening.com

Fax:

1. Include cover page with ordering company name
2. **ATTN: RECORDS DEPARTMENT**
3. Fax to toll free 866-904-6060

If you need an alternate method please contact customersevicteam@integratedscreening.com.

Regards,
Integrated Screening Partners

STATE OF ALASKA
REQUEST FOR DRIVING RECORD

Driving records are valid for 30 days.

I am requesting the following:

_____ Driving Record (5 year / Insurance) X Driving Record (Full)

I would like the record to be mailed or faxed (circle one) to the address or fax number shown below.

Your name, as shown on your Alaska license _____

Your signature _____

Telephone _____ Fax _____

Mailing address _____

ALASKA Driver License Number _____ **OR** _____ Date of Birth _____ **AND** _____ Social Security Number _____

Purpose of record: Employment

Please complete the following when requesting information via fax. If your request is made by mail, include a check or money order payable to State of Alaska or DMV.

MasterCard or Visa # Not Applicable Expiration Date _____

Name as shown on card Not Applicable

I understand that my credit card shown above will be charged \$10.00 for each driving record requested.

Signature _____ Date _____
(Signature of credit card holder.) (Valid for 90 days)

FAX: 1-907-269-5202 (Research Dept.)

**MAIL: Division of Motor Vehicles
ATTN: RESEARCH
1300 W. Benson Boulevard, Suite 200
Anchorage AK 99503-3600**

DMV USE ONLY

BATCH _____ AMVC ID _____ OFFICE _____ FEE: CA CC CK **\$10**