Form to be used by governmental agency requesting Transcript of Driving Record

Mail Requests to: Department of Highway Safety & Motor Vehicles
Bureau of Driver License Records
Neil Kirkman Building
Tallahassee, FL 32399-0575

Requestor No _____
Request Date: _____

(Name exactly as shown on Driver License, to be listed alphabetically)

Name and Address	Date of Birth	Florida Driver License Number

I hereby certify that the above information is to be used solely by the City of Miami for official business of said governmental agency. (Governmental Agency)

Patrice E. Rey
Name and Title of Official Requesting Records

Safety Manager/ADA Coordinator
Title

Prepared by: _____
Signature and Title

Address: 444 S.W. 2nd Avenue
Miami, FL 33130

Date: _____