

"B"

SALES RECEIPT#  
DATE:  
BACKTRACK USE ONLY,

# Letter of Verification Courier Form

Name \_\_\_\_\_ SS# \_\_\_\_\_ -- --  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ DL# \_\_\_\_\_  
Contact Phone # \_\_\_\_\_

**Please complete this form and the State Application, then send the forms back.**

Letter of Verification- State what you need the letter to state here and on State Application:

\_\_\_\_\_  
\$33.00 + SHIPPING  
\_\_\_\_\_  
\_\_\_\_\_

**\*IF ORDERING-Please Read, Provide the Address & Select the Desired Delivery Option Below!\***

*NOTE: IF SHIPPING TO AN APARTMENT, WE MUST ADD SIGNATURE REQUIRED TO FEDEX SHIPMENTS. IF YOU DON'T WANT SIGNATURE REQUIRED ON YOUR SHIPMENT, WE SUGGEST THE "USPS EXPRESS MAIL" OPTION, ONLY BECAUSE PACKAGES CAN & WILL BE PLACED INSIDE THE ADDRESSED MAILBOX BY POST OFFICE EMPLOYEE, SAFE AND SOUND, WITH NO SIGNATURE REQUIRED. (ESTIMATED USA BOUND FEDEX fees vary from \$30-45, depending on am/pm delivery MON-FRI; SATURDAY \$45-60)*

These 4 FedEx Options are available for US SHIPMENTS ONLY! (Domestic)



- \_\_\_\_\_ **FedEx Overnight (SATURDAY DELIVERY)**      \_\_\_\_\_ **REGULAR/1<sup>ST</sup> Class Mail-FREE**
- \_\_\_\_\_ **FedEx Overnight (AM DELIVERY)**      (NOTE: Backtrack isn't responsible for USPS
- \_\_\_\_\_ **FedEx Overnight (PM DELIVERY)**      1st<sup>Class</sup>/Regular Mail shipments, because they
- \_\_\_\_\_ **2-Day FedEx (STARTS @ \$20)**      do not have/include Tracking or Insurance)
- \_\_\_\_\_ **EXPRESS Mail (1-2 days) W/ \$100 INS Included (USPS) \$21**
- \_\_\_\_\_ **PRIORITY Mail (2-3 days) W/ \$50 INS Included (USPS) \$8**

Outside the USA???? USE FEDEX OPTION BELOW!

**FEDEX INTERNATIONAL** (NOTE: Virgin Islands, Puerto Rico, Hawaii and Alaska may use EXPRESS/PRIORITY, shown above!)

*NOTE: IF CUSTOMER DOESN'T RECEIVE MAIL REGULARLY AT ADDRESS BELOW, PROVIDE A NAME THAT IS ASSOCIATED WITH THE ADDRESS, SO THAT THE DELIVERY KNOWS IT IS CORRECTLY ADDRESSED AND DOESN'T DELIVER THE PACKAGE.*

ATTN/NAME: \_\_\_\_\_  
COMPANY OR  
C/O: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_



DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**DIVISION OF MOTORIST SERVICES**  
 2900 Apalachee Parkway, Room B239, Mail Stop 91  
 Neil Kirkman Building - Tallahassee, FL 32399

**DRIVER LICENSE RECORDS REQUEST**

FEES ARE REQUIRED AT TIME OF REQUEST AND ARE PAYABLE TO DIVISION OF MOTORIST SERVICES.  
 PLEASE ALLOW A 2-WEEK PROCESSING TIME FROM THE DATE WE RECEIVE THIS REQUEST.

**Requester's Information:**

Name of Requester \_\_\_\_\_ Date \_\_\_\_\_ Reference # (Case/File Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_ To receive personal information indicate the appropriate number(s) from the exemptions list. If you request your own personal information see note below. Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax Number \_\_\_\_\_

**Under penalties of perjury, I understand that I may not redisclose this information according to the Driver Privacy Protection Act, except as provided in section 119.0712(2), Florida Statutes.**

\*\*

**Signature of Requester** or Contact Person \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

*Note: If you are requesting your own personal information you must include your driver license/identification card number or social security number, your date of birth and sign this request.*

**Request for A Driver History Record/Transcript (Attach a separate sheet for additional requests)**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address on Record \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

- 3-year driver history \$8.00
  - 7-year driver history \$10.00
  - Complete driver history \$10.00
  - Or
  - Certified 3-year, 7-year or complete is just \$10.00 (please circle 3-year, 7-year or complete)
- Driver License or Identification Card Number \_\_\_\_\_  
 Social Security Card Number \_\_\_\_\_

**Other Types of Requests And Fees:**  DL/ID Application  Other (specify below)

If you are requesting something other than a driver history record, there is a \$2.00 search fee per request and a document fee of \$0.50 each item/document requested or a \$1.00 for each certified document/item requested.

Letter of Verification - \$2.50 each  Certified Letter of Verification - \$3.00 each

<p>Examples of this request are for specific information such as verifying type license held or address on record during a specific time or date(s), etc.</p>	<p><i>Identify what needs to be stated in the letter of verification or specify what you are requesting. (If additional space is needed you may attach a separate sheet.)</i></p>
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Date \_\_\_\_\_

SR# \_\_\_\_\_

## Credit Card Authorization Form

I \_\_\_\_\_ (Print Name), hereby authorize Backtrack Research, LLC, to charge my credit card for the amount(s) owed or discussed with Backtrack Research representatives. I certify that my credit card may be used to cover any and all amounts owed to Backtrack Research. I further certify that by my signature below, I accept personal liability for any amounts owed to Backtrack Research. I understand that it is my responsibility to review my monthly charges upon receipt and promptly notify Backtrack Research, in writing, of any erroneous or unauthorized payments. As the credit card holder, I authorize Backtrack Research to charge my credit card for all amounts owed.

If customer is not the credit card holder, please enter customer name: \_\_\_\_\_

**Customer Name**

\_\_\_\_\_  
**Credit Card Holder Signature**

\_\_\_\_\_  
**Date**

Fla. DHSMV Fee           \$ \_\_\_\_\_

Courier Fee               + \$ \_\_\_\_\_

Delivery Fee (if applicable) + \$ \_\_\_\_\_

**Total Amount Charged** = \$ \_\_\_\_\_

Delivery charges vary based on option chosen & will be added on to your total accordingly.

### Credit Card & Billing Information

\_\_\_\_\_  
**Credit Card Holders Name**

\_\_\_\_\_  
**Contact Phone Number**

\_\_\_\_\_  
**Billing Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Credit Card Acct #**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**CVC Code:**

3 digit- Visa, MC, Disc (Back)  
4 digit- Ameri Exp (Front)

\_\_\_ **Visa**    \_\_\_ **MasterCard**    \_\_\_ **American Express**    \_\_\_ **Discover**

Please return this form via fax 1-800-814-7714 or email to [Richard@Backtrackresearch.com](mailto:Richard@Backtrackresearch.com)

Backtrack Research keeps all information entered on this form strictly confidential.