



**GEORGIA DEPARTMENT OF DRIVER SERVICES**

Attn: Bulk MVR  
 P.O. Box 80447  
 Conyers, GA 30013  
 (678) 413-8847

**APPLICATION FOR MOTOR VEHICLE RECORDS**

**NOTE: Please allow 30 to 45 days processing time.**

CONTACT INFORMATION			
COMPANY NAME		FEIN	
FULL NAME OF APPLICANT		EXISTING DDS CUSTOMER ID, IF RENEWAL	
MAILING ADDRESS		CITY	STATE    ZIP CODE
BILLING ADDRESS		CITY	STATE    ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
ACCOUNT INFORMATION			
<b>TYPE OF BUSINESS (CHECK ONE ONLY)</b>			
<input type="checkbox"/> Insurance	<input type="checkbox"/> Corporation	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> County Government
<input type="checkbox"/> Car Rental	<input type="checkbox"/> School	<input type="checkbox"/> Fire Department	<input type="checkbox"/> State Agency
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Court	<input type="checkbox"/> City Government	<input type="checkbox"/> Other: _____
<b>TYPE OF ACCOUNT REQUESTED (CHECK ONE ONLY)</b>			
<input type="checkbox"/> Bulk User	<input type="checkbox"/> Bulk Requestor	<input type="checkbox"/> Internet LRI User	
<b>PURPOSE FOR REQUESTING RECORDS (CHECK ALL THAT APPLIES)</b>			
<input type="checkbox"/> Motor Vehicle Insurance	<input type="checkbox"/> Rental Car Agency		
<input type="checkbox"/> Motor Vehicle Limited Rating Information	<input type="checkbox"/> Employment (own employees)		
<input type="checkbox"/> Other Insurance	<input type="checkbox"/> Employment (background check done for hire)		
<input type="checkbox"/> Credit	<input type="checkbox"/> Other (please specify): _____		
<b>SECURITY QUESTION (ANSWER ONE ONLY)</b>			
What is your mother's maiden name? _____			
What is your pet's name? _____			
What is your favorite color? _____			
What is your favorite food? _____			
What is your birth month? _____			
Do you have a contract with a state agency that requires you to request MVRs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, you must attach a copy of the contract to your application.			
SIGNATURES			
By signing this application, I hereby certify the above information is true and correct and the information obtained will be used for the purpose stated above and in accordance with the Fair Credit Reporting Act.			
NAME OF APPLICANT	TITLE OF APPLICANT	SIGNATURE OF APPLICANT	DATE
NAME OF MANAGER	TITLE OF MANAGER	SIGNATURE OF MANAGER	DATE