

North Carolina Division of Motor Vehicles
Driver License Section

**Request for Motor Vehicle Record
Official Record of Convictions for Violations of
Motor Vehicle Laws and Departmental Action**

Please type or print clearly

I am hereby requesting the Motor Vehicle Record (MVR) of the below listed person:

Name _____ Sex _____ Race _____ Date of Birth _____
(First) (Middle or Maiden) (Last)

_____, _____, _____
(Street address) (City/Town) (State)

NC Driver License No. _____ SSN or ITIN _____

Optional:

Copies of Suspension Orders are also requested.

Requested by: _____ Date: _____ Position: _____

Agency Name: _____ Phone No. _____

Mailing _____ **OR** State _____
Address: _____ Courier No. _____

City _____ State _____ Zip Code _____

Mail this form to: NCDMV, Driver License Records, 3113 Mail Service Center, Raleigh, NC 27699

Form DL-49 Revised May 2005 previous editions are obsolete DO NOT USE