The Commonwealth of Massachusetts
Merit Rating Board

Request for Detailed Driving History Record

Section 1 Complete and sign this section of the request form:

The Merit Rating Board's Detailed Driving History Record reports, by Surcharge Date, all surchargeable incidents that occurred within the 6 years prior to the date on which your request is processed.

For customer assistance, contact the Merit Rating Board

Monday through Friday
8:30 AM – 5:00 PM

Phone:
617-351-4400

▶ **Processing Fee:** $15.00
- This fee is **non-refundable**
- Make your personal check or money order payable to "Commonwealth of Massachusetts"
- Do not mail cash

▶ **Mail to this Address:**
Merit Rating Board
Detailed Driving History Record
P.O. Box 55889
Boston MA 02205-5889

▶ **Provide the following operator information:**
You must enter your driver's license number, date of birth, and name **exactly as shown** on your Massachusetts Driver's License.

MA Driver's License Number:	Date of Birth (Month/Day/Year): / /

Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Phone (include area code):		

▶ **If your mailing address is different from the above address, provide the following information:**
Your record will be mailed to this address.

Mailing Address:		
City:	State:	Zip Code:

▶ **Your signature is required:**	Date:

I am the above named person and the information I have entered on this request form is true to the best of my knowledge and belief. I am signing under the pains and penalties of perjury.

Section 2

▶ Complete and sign this section **only** if you want your driving history record to go to another **person or organization** (i.e., an employer).

Notice: Your driving history record may include traffic law violation(s) subject to the Criminal Offender Record Information **(CORI)** law. For example, a Driving Under the Influence conviction is subject to CORI, and may appear on your driving history record.

I request that my Detailed Driving History Record be forwarded to the person or organization at the address listed below. I understand that my driving history record may include traffic law violation(s) subject to the CORI law. By signing below, I authorize the Merit Rating Board to mail my Detailed Driving History Record—including any and all criminal offender record information—to the care of the **person or organization** at the address listed below:

Name of Person:	Name of Organization:	
Address:		
City:	State:	Zip Code:
▶ **Your Signature:**	Date:	

Notice: Except as authorized by Massachusetts General Laws, chapter 6, section 172, as most recently amended, it is unlawful to request or require a person to provide a copy of their Criminal Offender Record Information (CORI).