

REQUEST FORM FOR DRIVING HISTORY RECORD

Name _____

Contact Address _____

Contact Phone Number _____

email _____

Date of Birth _____

Purpose for which the driving record is sought _____

Period for which the driving record is sought _____

Particulars of the Indian driving licence(s) held during this period

Licence Number	Issuing Authority	Period of Validity

Residential Address during this period _____

Particulars of vehicles driven by you during this period

Type of Vehicle	Registration number

Date _____

Signature _____

Return To:
The Office of the Superintendent of Police, (Traffic)
U.T. Police Headquarters, Sector 9-D Chandigarh. 1600009

