



**U.S. VIRGIN ISLANDS POLICE DEPARTMENT
TRAFFIC RECORD CHECK
Driver's License Required**

FULL NAME: _____ **LAST** _____ **FIRST** _____ **MIDDLE** _____

FORMER OR MAIDEN NAME: _____

ADDRESS (Residential): _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

Signature and Date of Applicant _____

Email and Phone #: _____

Note: All information must be filled out in order to process this request

ISSUING STATE OR COUNTRY: _____

INSURANCE COMPANY'S NAME: _____

PURPOSE OF THIS REQUEST: _____

TRAFFIC CHECK FEE(\$7.00): _____ **PAID** _____ **NOT PAID** _____

Please PRINT all information clearly and legibly and make sure that all information is correct

THANK YOU FOR YOUR COOPERATION

TRAF-AUG1-2020