



CITY OF BROWNSVILLE MUNICIPAL COURT
1034 E. LEVEE ST.
BROWNSVILLE, TX. 78520
PH. (956) 548-7181/ FAX (956) 574-6656

DRIVER RECORD CHECK REQUEST FORM

**PLEASE ALLOW 4 WORKING DAYS FOR THIS REQUEST TO BE PROCESSED
ALLOW 7 WORKING DAYS FOR COMMERCIAL DRIVER'S LICENSE**

**EL DOCUMENTO SOLICITADO ESTARA LISTO EN 4 DIAS
7 DIAS SI ES LICENCIA COMERCIAL**

PRINT ALL REQUIRED INFORMATION:

Name/Nombre: _____ D.O.B./Fecha de Nacimiento: _____

Place of Birth/Lugar de Nacimiento: _____ Social Security No./No. Social: _____

Drivers License No./No. de Licencia: _____ State/Estado: _____

Name of Person Requesting Check/Nombre de Persona Solicitando Record: _____

Signature/Firma: _____ Date/Fecha: _____

COPY OF DRIVER'S LICENSE REQUIRED/COPIA DE LICENCIA DE CONducIR REQUERIDA

**RECORD CHECKS WILL BE HELD FOR 30 DAYS ONLY
AFTER 30 DAYS, A NEW REQUEST AND PAYMENT WILL BE REQUIRED**

MUST BRING RECEIPT AT TIME OF PICK-UP