



**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