

**State of Oklahoma**  
**Department of Public Safety**  
**RECORDS REQUEST and CONSENT TO RELEASE**

**Form Instructions**

Please fill out completely all applicable portions of the Records Request and Consent to Release form.

Mail the form and all applicable fees, using one of the forms of payment listed at the bottom of the form, to:

Department of Public Safety  
Size & Weight Permit Division  
Attn: Certified Copy Dept.  
2401 NW 23<sup>rd</sup> ST. # 45  
Oklahoma City, OK 73107

Please include a stamped self-addressed envelope with your request, but it is not required. For quicker delivery, you may provide the Department of Public Safety with an appropriate prepaid United States Postal Service (USPS) or Federal Express (FedEx) return envelope. The Department cannot process and will not use a United Parcel Service (UPS) return envelopes. The Department will not mail documents C.O.D.

You may also present the completed form and fees at the Department of Public Safety, Size & Weight Permit Division at 2401 NW 23<sup>rd</sup> St. Suite 45 Oklahoma City OK at Shepherd Mall.

To obtain a copy of a permit it is 3.25 per permit copy /per permit.

- Requests for records can not be made by telephone or e-mail
- Records can not be faxed or e-mailed

**NOTE:** For all other types of request that do not pertain to Size & Weight Permit Division such as collisions reports, driving records (Motor Vehicle Reports or MVR) please refer Records Management page on this website.

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I hereby request the following driver record(s): Regular Certified

Company Name: \_\_\_\_\_

Permit Number(s): \_\_\_\_\_

- Number of Copies Requested \_\_\_\_\_ at \$3.25 per copy.
- Request for certified copies pursuant to 47 O.S. 2011, Section 14-103G, the **Annual Envelop Permit – Electric Utility Vehicle Permit** please use additional form attached to list permit numbers and number of request.

Method of Payment : Cash or Check

- Cash
- Check Number \_\_\_\_\_

Check the following applicable statement:

- I am the person named in the record(s) sought.
- I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below.:

- Government Agency (federal, state, or local, including court or law enforcement): for carrying out its functions
- Legal: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order; order of a court.
- Insurance Company, Insurance Support Organization, Self-insured Entity: for claims investigation, antifraud, rating or underwriting activities.
- Other: \_\_\_\_\_

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required

\_\_\_\_\_

Printed Name of Person Named in Request

\_\_\_\_\_

Signature of Person Named in Request

By signing above, I voluntarily give consent to the Department of Public Safety to release the above-named record(s) to the person making this Records Request.