



CHANDIGARH TRAFFIC POLICE

## REQUEST FORM FOR DRIVING HISTORY RECORD

NAME :

AGE :

CONTACT ADDRESS :

EMAIL ADDRESS :

CONTACT NUMBER :

PURPOSE FOR WHICH THE DRIVING LICENSE RECORD IS SOUGHT:

PERIOD FOR WHICH THE DRIVING LICENSE RECORD IS SOUGHT:

PARTICULARS OF THE INDIAN DRIVING LICENSE (S) HELD DURING THIS PERIOD:

LICENSE 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:-

NAME:-

ADDRESS:-

CONTACT NO:-

Documents to be required in case of written request:-

- **Xerox copy of Driving License**
- **Authority Letter (In case other than owner).**

**RETURN TO:-THE OFFICE OF THE DEPUTY SUPERINTENDENT OF POLICE, TRAFFIC (ADMN.),  
SECURITY & TRAFFIC LINES, SECTOR-29, UT, CHANDIGARH**