



**GOVERNMENT OF THE VIRGIN ISLANDS
OF THE UNITED STATES OFFICE OF THE GOVERNOR
BUREAU OF MOTOR VEHICLES**



ABSTRACT REQUEST FORM

REQUESTOR INFORMATION

FIRST NAME		MIDDLE NAME	LAST NAME	
DATE OF BIRTH (MM/DD/YYYY)	PHONE NO.	EMAIL ADDRESS		DRIVER'S LICENSE NO.
MAILING ADDRESS			CITY	STATE ZIP CODE

REQUEST INFORMATION

ABSTRACT TYPE

DRIVER'S RECORD (ABSTRACT)

OTHER(Please Specify): _____

DELIVERY METHOD

MAIL (Address provided above) \$31.00

E-MAIL (Additional documents for verification may be required) \$30.00

IN-PERSON PICKUP \$30.00

AUTHORIZATION

I, _____, certify that the information provided above is true and accurate. I understand that providing false or incorrect information may result in delays or additional fees. I also understand that accessing another person's driving record without proper authorization is prohibited by law.

SIGNATURE OF REQUESTOR

DATE

THIS SECTION MUST BE COMPLETED ONLY BY THE BMV

RECEIVED BY	DATE RECEIVED	ID VERIFIED YES NO	ABSTRACT ISSUE DATE
STAFF NOTES / COMMENTS			

PLEASE READ THE INFORMATION ON THE BACK OF THIS FORM





Instructions & Required Documents

Please complete this form before submitting it to the Bureau of Motor Vehicles (BMV). Incomplete or inaccurate information may cause delays, rejection, or additional fees.

Once submitted, your abstract will be processed and delivered via the selected method (mail, email, or in-person pickup).

Submit the Following:

- Completed Abstract Request Form
- Valid Photo ID (Driver's License, Passport, or State ID)
- Payment for the Abstract Fee

Important:

- Ensure all information is clear and accurate.
- The BMV is **not responsible** for delays due to incorrect requestor information.
- Errors may require a **new request and full repayment**.

Questions?

BMV STX: (340) 713-4268 | BMV STT: (340) 774-4268 | BMV STJ: (340) 776-6262 or Visit: bmv.vi.gov