

# Department of Motor Vehicles

## Record Request Form

*Instructions: Please fill out this form digitally or print and complete it by hand. Sign and date the printed form before submission.*

### Section 1: Requester Information

First Name:

Last Name:

Driver License / ID Card Number:

Phone Number:

Email Address:

Mailing Address:

City, State, Zip Code:

### Section 2: Record Type Requested

Please type "YES" next to the record you are requesting:

Driver License Record:

Vehicle Registration/Title Record:

Traffic Accident Report:

### Section 3: Details of Record Search

Provide information about the person or vehicle for which you are requesting records (if different from requester).

Subject Full Name (Individual or Business):

Subject Driver License / ID Number:

Subject Date of Birth (MM/DD/YYYY):

Vehicle License Plate Number:

Vehicle Identification Number (VIN):

Vehicle Make, Model, and Year:

### Section 4: Reason for Request

State the purpose of this request (e.g., personal use, insurance, legal):

### Section 5: Certification and Signature

I declare under penalty of perjury under the laws of this State that the foregoing is true and correct, and that I am authorized to obtain this information.

Signature of Requester (Sign here after printing):

Date (MM/DD/YYYY):