



# RECORD REQUEST FOR ACCOUNT HOLDERS

## MICHIGAN DEPARTMENT OF STATE

PLEASE PRINT OR TYPE INFORMATION REQUESTED

### SECTION 1. ACCOUNT INFORMATION (COMPLETE ALL FIELDS)

ACCOUNT NAME	ACCOUNT NUMBER	TODAY'S DATE	
ATTENTION		REFERENCE NUMBER	
ACCOUNT EMAIL ADDRESS		DAYTIME PHONE NUMBER	
ACCOUNT MAILING ADDRESS	CITY	STATE	ZIP

**\* RECORD REQUEST FEE INFORMATION**

- Record Lookup Fee: \$11.00 per record search (fees are also charged if no record is found)
- Certified Record Lookup Fee: \$12.00 per record search (fees are also charged if no record is found)
- History requests are \$11.00 per record search (all histories can be significantly more than \$11.00)

### SECTION 2. DELIVERY METHOD (COMPLETE ALL FIELDS)

DELIVERY METHOD (CHECK ONE)

Mail

Email – I acknowledge that:

- Record(s) will be delivered to the account's email address listed on file.
- Record(s) download link is only available for use once within 30 days of email notification.
- Record(s) must be saved or printed immediately after download.

### SECTION 3. DRIVER'S RECORD / STATE ID CARD SEARCH

(COMPLETE SECTION 3 ONLY IF REQUESTING DRIVER'S RECORD OR STATE ID CARD INFORMATION)

CHECK THIS BOX IF YOU WANT A CERTIFIED COPY

<p>DRIVER'S RECORD /STATE ID CARD SEARCH (CHECK BOXES THAT APPLY)</p> <p><input type="checkbox"/> Driver's Record or State ID Card Record (shows last reported address)</p> <p><input type="checkbox"/> Original License Issue Date</p> <p><input type="checkbox"/> Current Application</p> <p><input type="checkbox"/> Application History – Complete*</p> <p><input type="checkbox"/> Application History – Partial* From _____ to _____</p> <p><input type="checkbox"/> Address History – Complete*</p> <p><input type="checkbox"/> Address History – Partial* From _____ to _____</p> <p><input type="checkbox"/> Other Driving-Related Records (specify if hearing, offense, license status, etc.) _____ Date: _____</p>	<p>PRIMARY REASON FOR REQUEST</p> <p><input type="checkbox"/> Employment – CDL required</p> <p><input type="checkbox"/> Employment – CDL not required</p> <p><input type="checkbox"/> Credit or Insurance</p> <p><input type="checkbox"/> Court</p> <p><input type="checkbox"/> Other (explain)</p> <p>_____</p> <p>_____</p>
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MI DRIVER'S LICENSE OR STATE ID NUMBER	FULL NAME (FIRST, MIDDLE, LAST, AND SUFFIX)	DATE OF BIRTH
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**SECTION 4. VEHICLE TITLE/REGISTRATION/DISABILITY PLACARD SEARCH**

(COMPLETE SECTION 4 ONLY IF REQUESTING SPECIFIC VEHICLE OR DISABILITY PLACARD INFORMATION)

 CHECK THIS BOX IF YOU WANT A CERTIFIED COPY

VEHICLE/TITLE SEARCH (INCLUDES WATERCRAFT &amp; MOBILE HOMES)

 Current Ownership/Current Lienholder Current Title Application and Related Forms Complete Title History\* Partial Title History\* From \_\_\_\_\_ to \_\_\_\_\_  
Date of Accident \_\_\_\_\_Insurance information is not retained by MDOS and is not available.

VIN/HIN/SERIAL #

MAKE

YEAR

REGISTRATION/PLATE &amp; DISABILITY PLACARD SEARCH

 Complete Registration History\* Partial Registration History\* From \_\_\_\_\_ to \_\_\_\_\_  
Date of Accident \_\_\_\_\_ Disability Placard Number: \_\_\_\_\_Insurance information is not retained by MDOS and is not available.

PLATE OR REGISTRATION #

**SECTION 5. VEHICLE SEARCH – ANY & ALL ASSETS**(COMPLETE SECTION 6 ONLY IF REQUESTING ANY AND ALL ASSETS REGISTERED TO AN INDIVIDUAL OR COMPANY) CHECK THIS BOX IF YOU WANT A CERTIFIED COPY

When requesting records for **all assets registered and/or titled through the Michigan Department of State** for individuals and/or companies, precise information is required. Information retrieved is based upon an exact name and address match. The name and address, as provided by the record requestor, **must** match the name and address on the record(s) held by the Michigan Department of State.

SEARCH

 All assets registered or titled to this owner (includes all motor vehicles, watercraft, ORV, snowmobiles, mobile homes, mopeds, disability plates, etc.) \*

VEHICLE OWNER'S NAME (EXACT NAME AS REGISTERED OR TITLED)

VEHICLE OWNER'S ADDRESS (EXACT ADDRESS AS REGISTERED OR TITLED)

CITY

STATE

ZIP

**MAIL COMPLETED FORMS TO**MICHIGAN DEPARTMENT OF STATE  
RECORD SALES UNIT  
7064 CROWNER DRIVE  
LANSING, MI 48918-1502**CALL 517-335-6198 IF YOU NEED HELP COMPLETING THIS FORM. ATTACH ADDITIONAL PAGES, IF NECESSARY.**