#### DRIVING RECORDS ARE \$8.00 WHEN PURCHASED AT SECRETARY OF STATE PLUS OR SUPER!CENTER BRANCH OFFICES. NO FORMS REQUIRED.

# MICHIGAN DEPARTMENT OF STATE - REQUESTING YOUR OWN RECORD

## If you are requesting **your own record information**, please complete this form.

### If you are requesting records about someone other than yourself, use form BDVR 154, Record Lookup Request.

Accurate and complete information will help us locate the record you are requesting. Even if no record is found, you are still responsible to pay the \$7.00 lookup fee for each record requested. Driving records for a driver's personal use show all activity, including accidents where the driver was not at fault. Records produced for insurance, employment, or credit inquiries do not include certain administrative entries or accidents for which the driver did not receive a corresponding court conviction or civil infraction determination.

#### Section 1. Requestor's Information (Please print or type all information.)

| If you require your information faxed or mailed to an address other the must complete Section 5 on the reverse side of the form and check the  |                            | rd with the Secretary of State, you      |  |  |  |
|--|----------------------------|--|--|--|--|
| Your Name (First, Middle, Last)  |                            | Daytime Telephone Number                 |  |  |  |
| Current Street Address   |                            |  |  |  |  |
| City   | State                      | Zip Code                                 |  |  |  |
| Section 2. Requesting Your Own Driving Record or Personal Identification Card Information  |                            |  |  |  |  |
| Michigan Driver's License or Personal Identification Card Number   | er                         | Date of Birth                            |  |  |  |
|  |                            |  |  |  |  |
| Check boxes that apply:  | Employment, Cr             | edit, or Insurance                       |  |  |  |
| Driving Record or Personal Identification Card Information (Shows last reported address)   | n for: $\neg$ $\Box$ Court |  |  |  |  |
| □ Original License Issue Date  |                            |  |  |  |  |
| Current Application  |                            |  |  |  |  |
| <ul> <li>Application History*</li> <li>Address History*</li> <li>For partial histories, please comp</li> </ul>   | lete: from//               | to/                                      |  |  |  |
| <ul> <li>Address History</li> <li>Other Driving-Related Record(s)</li> </ul>   |                            | Date / /                                 |  |  |  |
|  |                            | (Hearing, Offense, License Status, etc.) |  |  |  |
| Section 3. Requesting Your Own Vehicle Record  |                            |  |  |  |  |
| (If you only need your driving record, leave the vehicle information blank or you will be charged for both records.)         License Plate or       Vehicle         Make and Model       Vehicle or Hull Identification Number |                            |  |  |  |  |
| Registration Number Year   | veniele of fruit ider      |  |  |  |  |
|  |                            |  |  |  |  |
| Check boxes that apply:  |                            |  |  |  |  |
| Current Vehicle Owner and Lienholder Information   |                            |  |  |  |  |
| Registration Information as of/_/  |                            |  |  |  |  |
| <ul> <li>Copy of Current Title Application and Related Forms</li> <li>Complete Title History*</li> </ul>   |                            |  |  |  |  |
| Complete Registration History*   |                            |  |  |  |  |
| Partial Title History*     For partial histories, please complete: from/ to/   |                            |  |  |  |  |
| □ Partial Registration History* J  |                            |  |  |  |  |
| <b>Check box if you want:</b> All motor vehicles registered or titled  |                            |  |  |  |  |
| ☐ All other registered or titled assets un   |                            | ed in Section 1.**                       |  |  |  |
| * Buying a complete or partial title, application, and/or address history<br>expensive as records are retained for ten years. There is a \$7.00 charge   |                            |  |  |  |  |
| lookup. Personal information on individuals other than yourself will be re   | edacted (not               |  |  |  |  |
| revealed) from vehicle history records. If you need personal information of<br>vehicle owners, you need to complete a BDVR-154 "Record Lookup Requ   |                            |  |  |  |  |
|  |                            |  |  |  |  |
| **For address searches not listed in Section 1, you will need to attach addition<br>and/or instructions. You will be charged for each record located. You will   |                            |  |  |  |  |
| a lookup fee for any address search that finds no vehicles and/or assets at a  |                            | For Office Use Only                      |  |  |  |

| Section 4. Payment Method (Payment or credit card bi  | Section 4. Payment Method (Payment or credit card billing information must be included.) |                           |                                |                |  |  |
|---|--|---------------------------|--------------------------------|----------------|--|--|
| The cost for each record looked up is \$7.00. Each certified record provided is \$8.00. Certified records will <u>not</u> be faxed.   |  |                           |                                |                |  |  |
| If "no record" is found, you are still responsible to pay \$7.00 for each record lookup.  |  |                           |                                |                |  |  |
| Check or Money Order  |  | □ Certified record needed |                                |                |  |  |
| (Payable to "State of Michigan")  | (\$1.0   |                           | 0 additional per record)       |                |  |  |
| Name on Credit Card (PLEASE PRINT)  | Credit   |                           | Card                           |                |  |  |
|   |  |                           | □ Discover □ MasterCard □ VISA |                |  |  |
| Credit Card Account Number  |  | Expiration                | n Date                         |                |  |  |
|   |  |                           |                                |                |  |  |
| If paying by credit card, I authorize charging the total amount to my credit card.  |  |                           |                                |                |  |  |
| X   | X//  |                           |                                |                |  |  |
| Signature of Cardholder   |  |                           | Date                           |                |  |  |
| Section 5. Special Delivery Instructions  |  |                           |                                |                |  |  |
| If you want the record(s) sent to another person or company, complete this section. If address is the same as on the front, leave this section blank.   |  |                           |                                |                |  |  |
| Please $\square$ Fax my record(s) as indicated below.<br>$\square$ Mail my record(s) as indicated below.<br>$\square$ If the record is faxed and mailed, you will be charged for each delivery method.<br>Certified records will not be faxed.  |  |                           |                                |                |  |  |
| Name  | Attention ( <i>if required</i> )   |                           |                                |                |  |  |
|   |  |                           |                                |                |  |  |
| Mailing Address   | Daytime Telephone Number   |                           | Fax Numbe                      | er             |  |  |
|   |  |                           | (                              |                |  |  |
| City  | State  |                           | Zip Code                       | /              |  |  |
|   | State  |                           | Zip Coue                       |                |  |  |
| Explain the reason why you need the record(s) sent to another person or to a company:   |  |                           |                                |                |  |  |
| Explain the reason why you need the record(b) sent to unother perso   | n or to a company.   |                           |                                |                |  |  |
|   |  |                           |                                |                |  |  |
|   |  |                           |                                |                |  |  |
|   |  |                           |                                |                |  |  |
| $\left( \begin{array}{c} \mathbf{D}_{1} \\ \mathbf{D}_{2} \\ \mathbf$ |  |                           |                                |                |  |  |
| Section 6. Requestor Certification (This section must be completed or request will not be processed.)   |  |                           |                                |                |  |  |
| Explain the reason why you are requesting your own record information:  |  |                           |                                |                |  |  |
|   |  |                           |                                |                |  |  |
|   |  |                           |                                |                |  |  |
|   |  |                           |                                |                |  |  |
| I certify that I am requesting my own record information.   |  |                           |                                |                |  |  |
| X7  |  |                           |                                |                |  |  |
| X       / / /         Signature of Requestor - form must be signed or request will not be processed.       /  |  |                           |                                |                |  |  |
|   |  |                           |                                |                |  |  |
| Penalties for Misuse: Under Michigan law, a person who makes a false representation or a false certification to   |  |                           |                                |                |  |  |
| obtain personal information or who uses personal information for a purpose other than a permissible purpose   |  |                           |                                |                |  |  |
| identified in law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine of up to \$15,000.  |  |                           |                                |                |  |  |
| to \$5,000. Subsequent convictions may result in imprison   | ment for up to 15 ye   | ars and/or                | a tine of u                    | p to \$15,000. |  |  |
| Mail man ann latad na suast tai   |  |                           |                                |                |  |  |
| Mail your completed request to:<br>Michigan Department of State   |  |                           |                                |                |  |  |
| Michigan Department of State  |  |                           |                                |                |  |  |

Michigan Department of State Record Lookup Unit 7064 Crowner Drive Lansing, Michigan 48918-1540

Call **517.322.1624** for help in completing this form. Completed requests may be faxed to **517.322.1181** but must be charged to a credit card.





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