



Release of Driving Records

(Montana Driver Privacy Protection Act)

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816

Office Use	1. Requested Information [3] <input type="checkbox"/> A. Your Driving Record – Complete Sections 3, 4, 5, and 6. [3] <input type="checkbox"/> B. Another Person's Driving Record – Complete all sections, including Intended Use below. Intended Use: To be completed if you checked B above. [1] <input type="checkbox"/> For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions. [2] <input type="checkbox"/> For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual. [4] <input type="checkbox"/> With written consent of the individual(s) who is the subject(s) of this search - A signed and dated Personal Information Express Consent form must be attached. [5] <input type="checkbox"/> For use as part of a civil, criminal, administrative, or arbitrative proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, pursuant to an order of any court. [6] <input type="checkbox"/> For use by an insurer, insurance support agency, or self-insured entity in connection with the investigation of claims, antifraud activities, ratemaking, or underwriting. [7] <input type="checkbox"/> For use by a licensed private investigator or security service for any purpose authorized under Montana law. [8] <input type="checkbox"/> For use by an employer or its agent to verify information related to a holder of a commercial driver license required under federal or Montana law. [9] <input type="checkbox"/> For use in providing notice to the owners of towed, abandoned, or impounded vehicles. [10] <input type="checkbox"/> For use by a parent of a child under 18 years of age. [11] <input type="checkbox"/> For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana law.
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2. Requestor Information	
Name of Requestor: _____	
Employer/Company: (if applicable) _____	
Mailing Address: _____	City: _____ State: _____ Zip: _____
Residential Address: _____	City: _____ State: _____ Zip: _____
Daytime Phone #: _____	Driver License #: _____

3. Search Information: This section must be complete. Full Name: _____ Date of Birth: _____ Driver License #: _____	4. Driving Records Fees Make checks payable to: Motor Vehicle Division <input type="checkbox"/> Driving Record = \$4 per record <input type="checkbox"/> Certified Driving Record = \$10 per record * Cannot Be Faxed * <input type="checkbox"/> Faxing of Record = Additional \$3 per record Fax #: _____ <input type="checkbox"/> Mailing of Record = Additional \$3 per mailing (unless self-addressed, stamped envelope is included) <p style="text-align: right;">Total = \$ _____</p>
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5. Certification (Signature must be notarized unless a copy of requestor's driver license or state-issued identification card is enclosed.)	
I have read the Montana Driver Privacy Protection Act, MCA 61-11-501 through 61-11-516, and understand the limitations placed on the use of information received from the Montana Department of Justice, Motor Vehicle Division, Records and Driver Control Bureau. Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.	
Signature of requestor: _____	
Printed Name: _____	Date: _____

Section 6 notarization must be completed – OR – you must attach a legible copy of your state or government-issued photo ID, including driver license, identification card, or passport, none of which can be expired for more than four years.

6. Notarization (unless ID is provided)			
State of _____	County of _____	Signed before me on (date) _____	Notary Stamp/Seal
By (clearly print name of person signing form) _____			
Notary signature _____			



Personal Information Express Consent Form

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This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity. Complete this form if you have checked the first box of the **Intended Use** portion of Section 1 on the Release of Driving Records form (34-0100).

Name: _____
Print Full Name

Driver License # : _____ Date of Birth: _____

Residing at: _____
Street City State Zip Code

I hereby authorize the Department of Justice to release my:
 Driving Record Vehicle Record

To the following individual and/or company:

Name: _____
Print Full Name

Address: _____
Street City State Zip Code

Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Signature: _____
This is my legal signature Date

Printed name: _____