

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION		
REQUESTER FULL NAME (last, first, mi, suffix)		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*
ORGANIZATIONAL AFFILIATION (if any)	TELEPHONE NUMBER	USE AGREEMENT NUMBER (if applicable)
STREET ADDRESS		ACCESS CODE (if applicable)
CITY	STATE	ZIP CODE
REASON FOR REQUEST (be specific)		

SUBJECT INFORMATION		
If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available), otherwise you do not need to complete this section.		
SUBJECT FULL NAME (last, first, mi, suffix)		<input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.
STREET ADDRESS		
CITY	STATE	ZIP CODE

INFORMATION REQUESTED		
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.		
<input type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)		
SUBJECT DRIVER LICENSE NUMBER		or SUBJECT BIRTH DATE (mm/dd/yyyy)
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.		
SUBJECT SIGNATURE		DATE (mm/dd/yyyy)
<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)		
VEHICLE IDENTIFICATION NUMBER (VIN)		VEHICLE MAKE
		VEHICLE YEAR
<input type="checkbox"/> POLICE CRASH REPORT		
Check one or more boxes to indicate your involvement in the crash:		
<input type="checkbox"/> I was a DRIVER <input type="checkbox"/> I was a PASSENGER <input type="checkbox"/> I am a VEHICLE OWNER <input type="checkbox"/> I am the OWNER of property involved in the accident <input type="checkbox"/> I legally REPRESENT an involved person <input type="checkbox"/> I was injured <input type="checkbox"/> OTHER (explain) _____ <input type="checkbox"/> I was NOT involved in the accident AND I do not legally represent an involved person _____ <input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the accident or to which the person has applied for issuance or renewal of a policy of automobile insurance		
IMPORTANT NOTE: The Department may only release a full accident report to a person involved in the accident, or their legal or personal representative, in accordance with Virginia Code § 46.2-380. All other requesters are entitled to receive only the name and addresses of the drivers, the owners of the vehicles involved, the injured persons, the witnesses, and one investigating officer, in accordance with Virginia Code § 46.2-379.		
CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)
CITY/COUNTY/TOWN WHERE CRASH OCCURRED		DRIVER FULL NAME (last, first, mi, suffix)
		DRIVER LICENSE NUMBER
1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)

INFORMATION REQUESTED (continued)

DECEDENT PHOTO REQUEST (requester *may* need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)

DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER	
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Executor <input type="checkbox"/> Administrator

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law.

REQUESTER SIGNATURE	DATE (mm/dd/yyyy)
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OTHER INFORMATION (Be specific)

DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requester's Identification

Valid Driver's License Number _____

Other Photo Identification _____

Proof of Requester's Organization Affiliation

Request on Organization Letterhead Stationery

Business Card from Organization

Law Enforcement Badge Number _____

Other _____

If referred to Headquarters to Fill Request, Complete:

CSR Name _____

CSC Name (not CSC number) _____

Remarks/CSR Stamp

Fee Charged

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