

INFORMATION REQUEST

CCC USE ONLY

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

Instructions: Type or print clearly.

REQUESTER INFORMATION				
REQUESTER NAME (last) (first) (mi) (suffix)				ORGANIZATIONAL AFFILIATION (if any)
STREET ADDRESS			TELEPHONE NUMBER ()	
CITY	STATE	ZIP CODE	FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*	
USE AGREEMENT NUMBER (if applicable)			ACCESS CODE (if applicable)	
REASON FOR REQUEST (be specific)				
I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.				
REQUESTER SIGNATURE				DATE (mm/dd/yyyy)

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 each type of information requested.				
<input type="checkbox"/> PERSONAL INFORMATION FOR SUBJECT (Includes name and address)				
SUBJECT NAME (print) (last) (first) (mi) (suffix)				
STREET ADDRESS				
CITY			STATE	ZIP CODE
<input type="checkbox"/> DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data)				
DRIVER LICENSE NUMBER		or	BIRTH DATE (mm/dd/yyyy)	
An authorization from 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)				
VEHICLE IDENTIFICATION NUMBER (VIN)		VEHICLE MAKE	VEHICLE YEAR	
<input type="checkbox"/> ACCIDENT REPORT				
DRIVER NAME		DRIVER LICENSE NUMBER	ACCIDENT DATE (mm/dd/yyyy)	

* Required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§2.1-196, 2.1-731, 2.1-734, et al.

<input type="checkbox"/> OTHER INFORMATION (Be specific)

DMV CUSTOMER SERVICE CENTER USE ONLY		
Proof of Requester's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo Identification _____	Proof of Requester's Organization Affiliation <input type="checkbox"/> Request on Organization Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____	
If referred to Headquarters to Fill Request, Complete: CSR Name _____ CSC Name (not CSC number) _____	Remarks/CSR Stamp 	Fee Charged \$