

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		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 \$