Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

INFORMATION REQUEST

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*		
EMAIL ADDRESS	ORGANIZATIONAL AFFILIATION (if any)		TELEPHONE NUMBER ( )	
STREET ADDRESS		CITY	STATE	ZIP CODE
USE AGREEMENT NUMBER (if applicable)	ACCESS CODE (if applicable)	TNC CERTIFICATE NUMBER (if applicable)		
REASON FOR REQUEST (be specific) (attach additional sheets if necessary)				

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

GOVERNMENT REQUESTER

IDENTIFY PROPOSED USE AND LEGAL AUTHORITY (Attach additional pages if needed. Attach letter with case information)

☐ Federal ☐ State ☐ City ☐ County ☐ Special District ☐ Other (identify below)

IF OTHER, IDENTIFY TYPE

☐ Check here if you are an attorney for the Commonwealth requesting information pursuant to your authority under Va. Code § 15.2-1627.
☐ Check here if you are a public defender requesting information pursuant to your authority under Va. Code § 19.2-163.3.

CASE DATE

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).

SUBJECT FULL NAME (last, first, mi, suffix) ☐ 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.

☐ **DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)**

SUBJECT DRIVER LICENSE NUMBER or SUBJECT BIRTH DATE (mm/dd/yyyy)

REASON FOR REQUEST (Check one)

☐ Insurance ☐ Employment, School, or Military ☐ Member/Applicant/Volunteer ☐ Personal Use, Court, or Attorney ☐ TNC

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)

☐ **VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)**

VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR

☐ **POLICE CRASH REPORT**

IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-380.

Check one or more boxes to indicate your involvement in the crash:

☐ I was a DRIVER. ☐ I was a PASSENGER.
☐ I legally REPRESENT a person injured or involved in the crash. ☐ I was injured in the crash or as a result thereof (ex: injured pedestrian).

INFORMATION REQUESTED (continued)

POLICE CRASH REPORT *(continued):*

☐ I am the parent or legal guardian of a minor injured or killed in the crash. ☐ At the time of the crash, I owned a vehicle/property involved.

☐ I am the personal representative (guardian, executor, next of kin, etc.) of a person injured or killed in the crash.

☐ I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which a person has applied for issuance or renewal of a policy of automobile insurance.

☐ I am an authorized representative of a towing and recovery operator that responded to a public safety towing request for the removal of a vehicle involved in the crash for the purpose of obtaining registered owner and insurance information for any such vehicle.

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)

☐ **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)	Requesters relationship to decedent (check one):	☐ Executor ☐ Administrator

☐ **OTHER INFORMATION** (Be specific or provide supporting documentation/attachments).

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 and that any personal information I receive will not be used for the predominant purpose of solicitation of prospective clients.

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. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

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

REQUESTER SIGNATURE	DATE (mm/dd/yyyy)

CUSTOMER RECORDS FEES

Driving Record	$9.00	Supporting Documents (per page)	$3.00
Vehicle Record	$9.00	Motor Carrier Overweight Citation Record	$8.00
Police Crash Report	$8.00	Travel Emergency Photo Verification	$9.00
Decedent Photo	$9.00	Record Certification Fee (additional)	$5.00
Driver/Vehicle Application	$9.00	Insurance fee	$9.00

PAYMENT METHODS

If you are mailing this request, DMV can only accept **check** or **money order** via mail.

☐ CHECK Made payable to DMV	ENTER CHECK AMOUNT	☐ MONEY ORDER Made payable to DMV	ENTER MONEY ORDER AMOUNT

DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requesters Identification

☐ Valid Driver's License Number _____ ☐ Other Photo Identification _____

If referred to Headquarters to Fill Request, Complete: CSR Name _____ CSC Name (not CSC number) _____	Remarks/CSR Stamp	Fee Charged $