



REQUEST FOR VEHICLE INFORMATION BY A PROSPECTIVE PURCHASER

Purpose: Use this form to request vehicle history information on a vehicle being considered for purchase. Requesting this information is authorized under section 46.2-209.1 of the Code of Virginia.

Instructions: Print clearly or type. All information must be provided except Post Office Box and Business/Organizational Affiliation which are optional. An FEIN or social security number is required by the State Comptroller for debt set-off collection in accordance with Virginia Code SS 2.1-196, 2.1-731, 2.1-734 et..al. Submit completed form and \$12.00 payment in person at any DMV Customer Service Center or mail to the address above.

NOTE: When mailing this request, DMV can only accept checks or money orders.

REQUESTER INFORMATION

REQUESTER NAME (print) (last)					(first)		(middle)		(suffix)		
STREET ADDRESS								TELEPHONE NUMBER			
CITY/TOWN/VILLAGE					POST OFFICE BOX		STATE/PROVINCE		ZIP/POSTAL CODE		COUNTRY
FEIN/SOCIAL SECURITY NUMBER			BUSINESS/ORGANIZATIONAL AFFILIATION (Optional)								

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER			VEHICLE MAKE			VEHICLE MODEL			MODEL YEAR		
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CERTIFICATION

I certify that I am considering purchasing the vehicle described above. I understand that any information provided in response to this request will be information that is available from the records of Virginia's DMV; that there may be other information about the vehicle that may not be released by DMV or that exists in other states, countries or elsewhere and is not available to Virginia's DMV. I also understand that Virginia DMV assumes no responsibility for errors or omission in the information provided in response to this request and that fees are non-refundable. In the event that no record for this vehicle is found, a "no record" response will be provided.

I further understand that it is unlawful to use any information provided by DMV in response to this request for any other reason and I agree that I will not copy, distribute or sell this information.

I also certify and affirm that all information presented on this form is true and correct, that any documents I have presented to DMV are genuine and that the information included on 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 on this form is a criminal violation.

REQUESTER SIGNATURE								DATE (mm/dd/yyyy)			
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PAYMENT METHODS

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

<input type="checkbox"/> CHECK Made payable to DMV		ENTER CHECK AMOUNT		<input type="checkbox"/> MONEY ORDER Made payable to DMV		ENTER MONEY ORDER AMOUNT	
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DMV USE ONLY

FEE

CSR STAMP