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 N	NUMBER	USE AGREEMENT	NUMBER (if applicable)				
STR	EET ADDRE	ESS			CITY								
STA	TE	ZIP CODE		ACCESS CODE (if applicable)	TNC CERTIFIC	ATE NUMBER (i	f applicable)						
REA	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 Distric	t 🗌 Other ((identify below)				
IF O	THER, IDEN	ITIFY TYPE											
Check here if you are an attorney for the Commonwealth requesting information pursuant to your authority under Va. Code § 15.2-1627. CASE DATE Check here if you are a public defender requesting information pursuant to your authority under Va. Code § 19.2-163.3.													
						•							
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.													
STR	EET ADDRE	ESS											
CITY	/						STATE	ZIP CODE					
				INFORMAT		ESTED							
				the type of information you wish For Police Crash Reports provid				I for Driving Record	d Information, Vehicle				
	DRIVING			ION (Includes license history	and convictio	n data) (comp	lete SUBJECT	INFORMATION a	above)				
	SUBJECT DRIVER LICENSE NUMBER OF SUBJECT BIRTH DATE (mm/dd/yyyy)												
-				nsurance Employment, School,	,				· · · · ·				
				uired for employers and others no on pertaining to my driving record		•		e Department of M	lotor Vehicles to				
	SUBJECT S	SIGNATURE						DATE (mm/dd/	′уууу)				
	VEHICLI		IATION (Inclu	des vehicle description and reg	jistration data) (complete S	UBJECT INFO	RMATION above)					
	VEHICLE IE	DENTIFICATIC	ON NUMBER (VIN)		VEHICLE M	AKE			VEHICLE YEAR				
	POLICE	CRASH R	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:												
			ENT a person ini	ured or involved in the crash				result thereof (ev:	injured pedestrian)				
	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). I am the parent or legal guardian of a minor injured or killed in the crash. I was injured in 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.												
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CRD 93 (07/01/2023)

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1.	CITY/COUNTY/TOWN WHERE CRASH OCCURRE	D DRIVER FULL NAME (last, first,	mi, suffix)	DRIVER LICENSE NU	RIVER LICENSE NUMBER								
CECEDENT PUOTO REQUEST (requester may need to provide proof of death, i.e. copy of death certificate, executor papers, etc.) DECEDENT FULL NAME (last, ret, m, auffix) DECEDENT NAME (last, ret, m, auffix) DECEDENT NAME (last, ret, m, auffix) DECEDENT NAME (last, ret, ret, ret, ret,	PASSENGER/PEDESTRIAN FULL NAME (last, f	irst, mi, suffix)	PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) 2.										
	3. PASSENGER/PEDESTRIAN FULL NAME (last, f	irst, mi, suffix)	4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)										
DECEDENT BRTH DATE (mm/dd/ywy) Requester's relationship to decedent (check one): Executor OTHER INFORMATION (Be specific)	DECEDENT PHOTO REQUEST (requester <i>may</i> need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)												
Requesters relationship to decedent (check one). Administrator OTHER INFORMATION (Be specific) CERTIFICATION Landerstand that it is unlowful to use information provided by DMV for any purpose ofter than the one stated. I certly that the information I have requested with this form will be used for the production and purpose of a disclastion of provided by DMV for any purpose ofter than the one stated. I certly that the information I have requested with this form will be used for the production and purpose of a disclastion of program that the information imposed by (1) the Federal Drivers Protection Act (18 USC § 272:16 teap.) (2) the federal Drivers Protection Act (18 USC § 272:16 teap.) (2) the federal Drivers Privacy Protection Act (18 USC § 272:16 teap.) (2) the federal Drivers Privacy Protection Act (18 USC § 272:16 teap.) (2) the federal Drivers Privacy Protection Act (18 USC § 272:16 teap.) (2) the federal Drivers Privacy Protection Act (18 USC § 272:16 teap.) (2) the federal Drivers Privacy Protection Act (18 USC § 272:16 teap.) (2) the federal Drivers Privacy Protection Act (18 USC § 272:16 teap.) (2) the federal Drivers Privacy Protection Act (18 USC § 272:16 teap.) (2) the federal Drivers Privacy Protection Act (18 USC § 162-2018 transfer Porntice Duration to DBM records or flow, and grave Doe DV Privacy Violation and grave Doe DV Privacy Protection Act (18 USC § 162-2018 transfer Porntice DV Violation and Signature DV Privacy DV Pr	DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER										
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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 Virginal aw. If representing a government entity, I agree that the information obtained from, 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 (dentified in C. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV. For volunteer organizations (dentified in C. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV. For volunteer organizations (code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV. For volunteer organizations (code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV. For volunteer organizations is code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV. For volunteer organizations is code § 46.2-208, to any third party is prohibited unless specifically identified in C. Recouestressing and affer statement or representation 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. Recourse the Record													
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