

INFORMATION REQUEST

CRD 93 (07/10/2012)

DMV DIRECT USE ONLY

Fee	\$
Add Fee	\$

Purpose: Use this form to request driving or vehicle 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*	
ORGANIZATIONAL AFFILIATION (if any)	TELEPHONE NUMBER	USE AGREEMENT NUMBER (if applicable)	
STREET ADDRESS		ACCESS CODE (if applicable)	
CITY	STATE	ZIP CODE	
REASON FOR REQUEST (be specific)			
<p>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.</p> <p>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.</p> <p>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 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.</p>			
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 FULL NAME (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 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)	
<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 FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER	ACCIDENT DATE (mm/dd/yyyy)	
<input type="checkbox"/> 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)	Requester's relationship to decedent (check one): <input type="radio"/> Spouse <input type="radio"/> Executor <input type="radio"/> Child <input type="radio"/> Administrator		

* 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.

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☐ **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 \$