



DEPARTMENT OF MOTOR VEHICLES Agency of Transportation dmv.vermont.gov 120 State Street Montpelier, Vermont 05603-0001 802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. This form may be photocopied for your convenience. The form must be completed in ink. Please print all information, except signatures, which must be written.

* ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK) MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION. *

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	Ctroot/D	lav Numaham										
Mailing		ox Number:										
Address:	City	y, State, Zip:										
			Mail to	(If different than above	address):	ess): Telephone Numb					ohone Number:	
☐ Listings of 1 through 4 current or expired registrations – \$8.00 ☐ Certified copy of suspension notice – \$8.00												
☐ Listing of 1 through 4 current or expired operator's license – \$8.00 ☐ Certified copy of reinstatement notice – \$8.00												
☐ Certified copy of current or original registration application – \$8.00 ☐ Certified copy of title – \$6.00												
				ense application – \$8.00		☐ Certified copy of vehicle title search, title info, lien info. – \$22.00						
		vidual accide				☐ Certified copy of vessel, snowmobile or ATV title search – \$13.00						
		ce accident				☐ Certified copy of 3 year operating record (Vermont only) – \$14.00						
		tion of accid				☐ Certified copy of complete operating record (Vermont only) – \$20.00						
		earch – \$42.0				☐ Certified copy of proof of mailing – \$8.00						
		n sticker reco				☐ Certified copy of mail receipt – \$8.00						
				ers, periodic inspection s	tations, ren	tal veh	nicle co	mpanies	s, fuel d	ealers and di	stributors (including	
		<u>livered) – \$8</u>			'1 6'	r			''' '			
□ Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$8.00.												
	T MAIL CA	SH! •	Make o	check or money order pa					DEPART	MENT OF MO	OTOR VEHICLES.	
Rater	#			FOF	R DEPARTM	IENT	USE O	NLY				
Audit Line: →												
I am req	uesting i	nformation	conce	rning:								
	Vehicle N	1ake	Vehic	le Year	VT Li	cense Plate #	Expiration Date					
		VT Driver License Numbe			Number	r Date of Birth						
				Street/Box Number						Social Se	ecurity Number	
				000207.114001						000.0.		
				City					State	4	Zip Code	
				Oity					State	,	Zip Couc	
			Data(a)	in a second if and	ا ماماد			aluis das as		\		
Date(s) you want covered, if applicable (does not apply to driving records) Month Day Year Month Day									Year			
IVIUI	IIIII	Day		i cai	Through		IVIOIT	.11		Day	i cai	
AUTHORIZATION OF RELEASE OF INFORMATION												
▼ I hereby, with my signature, authorize (print name of person or business you are authorizing):												
 To perform a <u>one-time</u> search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports. To perform a <u>one-time</u> authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles. 												
☐ To pe	erform a <u>on</u>	•			•	vith the	VT De	partment				
	~	Signature	of indiv	ridual authorizing release	:			•	▼ Date	authorizatio	n given:	

Informat	tion r	equested (be specific, if necessary	use separate sheet of paper):
The infor	matic	n requested may be disclosed if its ι	use is authorized under the Driver Privacy Protection Act. The information being requested is:
→	You	must initial inside the appropria	te box(es)/category(ies) below:
	1.		including any court or law enforcement agency, in carrying out its functions, or any private personercy in carrying out its functions. Appropriate documents identifying requester are required*.
	2.	recalls, or advisories; performance m including survey research; and rem	f motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, onitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, loval of non-owner records from the original owner records of motor vehicle manufacturers. An why you feel you qualify under this category <u>must</u> be attached to this document.
	3.	a. To verify the accuracy of personb. If the information as so submittee	ess by a legitimate business or its agents, employees, or contractors: al information submitted by the individual to the business or its agents, employees, or contractors; and ed is not correct or is no longer correct, to obtain the correct information, but only for the purposes of gal remedies against, or recovering on a debt or security interest against, the individual. quester are required*.
	4.	process, investigation in anticipation	eeding in any court or government agency or before any self-regulatory body, including the service of of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any reason(s) why you feel you qualify under this category must be attached to this document.
	5.		use in producing statistical reports, so long as the personal information is not published, re-disclosed, planation that details the reason(s) why you feel you qualify under this category <u>must</u> be attached to
	6.		support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection tifraud activities, rating, or underwriting. Appropriate documents identifying requester are required.
	7.	For use in providing notice to the own	ner or lien-holder of a towed or impounded vehicle.
	8.	For use by any licensed private investocuments identifying requester are $\underline{\bf r}$	stigative agency or licensed security service for any purpose permitted under this section. Appropriate required*.
	9.		or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is vehicle Safety Act of 1996 [Title XII of Public Law 99-570].
	10.	For use in connection with the operat	ion of private toll transportation facilities.
	11.		y law that is related to the operation of a motor vehicle or public safety. An explanation that details y under this category <u>must</u> be attached to this document.
	12.		itten consent of the person who is the subject of the information. This includes information regarding side of this form must be completed in full.)
			dge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC to the penalties of 18 USC §2723 and 23 VSA §202.
		equester:	Date:
		/Corporate Number of Requester:	
			tment of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine d requirements. Failure to meet these qualifications will result in a denial of your request.
authori	zed t		re <u>required</u> . You must include copies of your identification and documents verifying you are to meet these qualifications will result in a denial of your request. If you are unsure what
T1:			T USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT
	They They	y are records which, by law, are design y are records which, by law, may only	exempt from inspection and copying for the following reason: nated confidential or by a similar term. be disclosed to specifically designated persons. hissioner of Motor Vehicles (appeals must be submitted in writing).
Vermont	Depa	rtment of Motor Vehicles:	