



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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Signature Required on Back of Form Requester Name:										ompany.				
		DBA/Company:												
	Ctroot/D	lav Numaham												
Mailing		ox Number:												
Address:	City	y, State, Zip:												
			Mail to	(If different than above	address):	ss): Telephone Nu					ohone Number:			
□ Listings	of 1 throu	gh 4 current	or expir	ed registrations – \$6.00	□ Certif	☐ Certified copy of suspension notice – \$6.00								
☐ Listing of 1 through 4 current or expired operator's license – \$6.00 ☐ Certified copy of reinstatement notice – \$6.00														
						☐ Certified copy of title – \$6.00								
				ense application – \$6.00		☐ Certified copy of vehicle title search, title info, lien info. – \$20.00								
		vidual accide				☐ Certified copy of vessel, snowmobile or ATV title search – \$13.00								
		ce accident				☐ Certified copy of 3 year operating record (Vermont only) – \$13.00								
	☐ Insurance information of accident – \$6.00							☐ Certified copy of complete operating record (Vermont only) – \$16.00						
		earch – \$35.0	_			☐ Certified copy of proof of mailing – \$6.00								
		n sticker reco				☐ Certified copy of mail receipt – \$6.00								
	0			ers, periodic inspection s	tations, rent	al ver	nicle co	mpanies	s, fuel d	ealers and di	stributors (including			
		<u>livered) – \$6</u>			'1 6'		11		''' '					
Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$6.00.														
	T MAIL CA	SH! •	Make o	check or money order pay					DEPART	MENT OF MO	OTOR VEHICLES.			
Rater	#			FOF	R DEPARTM	IENT I	USE OI	NLY						
Audit Line: →														
I am req	uesting i	nformation	conce	rning:										
	Vehicle N	lake	Vehic	le Year	VT Li	cense Plate #	Expiration Date							
		VT Driver License Numb				ber Date of Birth								
				Street/Box Number						Social Se	ecurity Number			
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				City					State	1	Zip Code			
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Date(s) you want covered, if applicable (does not apply Month Day Year M														
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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 pe	erform a <u>on</u>	•		transact business (pertain		ith the	VT De	oartment						
▼ Signature of individual authorizing release:								•	▼ Date	authorization	n given:			

Information requested (be specific, if necessary use separate sheet of paper):							
The infor	matic	on requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:					
Ψ		must initial inside the appropriate box(es)/category(ies) below:					
	1.	For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are <a href="required">required</a> *.					
	2.	For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. An explanation that details the reason(s) why you feel you qualify under this category <u>must</u> be attached to this document.					
	3.	For use in the formal course of business by a legitimate business or its agents, employees, or contractors:  a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.  Appropriate documents identifying requester are required*.					
	4.	For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. An explanation that details the reason(s) why you feel you qualify under this category <u>must</u> be attached to this document.					
	5.	For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. <i>An explanation that details the reason(s) why you feel you qualify under this category</i> <u>must</u> be attached to this document.					
	6.	For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are <u>required</u> *.					
	7.	For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.					
	8.	For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are <a href="required">required</a> *.					
	9.	For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].					
	10.	For use in connection with the operation of private toll transportation facilities.					
	11.	For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. <i>An explanation that details the reason(s) why you feel you qualify under this category</i> <u>must</u> be attached to this document.					
	12.	Unrestricted or specified use with written consent of the person who is the subject of the information. This includes information regarding oneself. ("Release portion" on other side of this form must be completed in full.)					
		and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USCs signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.					
Signature	e of F	Requester: Date:					
Driver Lie	cense	e/Corporate Number of Requester:					
		of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine quest conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.					
authori	zed	documents identifying requester are <u>required</u> . You must include copies of your identification and documents verifying you are to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what are required, call 802.828.2000					
		FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT					
	The The	s hereby denied as the record(s) is/are exempt from inspection and copying for the following reason: y are records which, by law, are designated confidential or by a similar term. y are records which, by law, may only be disclosed to specifically designated persons. right to appeal this denial to the Commissioner of Motor Vehicles (appeals must be submitted in writing).					
Vermont	Depa	artment of Motor Vehicles:					
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