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	IUMBER	USE AGREEMENT	NUMBER (if applicable)			
STREET ADD	RESS		CITY	I						
STATE	ZIP CODE	ACCESS CODE (if applicable)	TNC CERTIFICATE NUMBER (if applicable)							
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.										
		GOVERNM	ENT REQUE	STER						
IDENTIFY PROPOSED USE AND LEGAL AUTHORITY (Attach additional pages if needed. Attach letter with case information)										
Federa	State	City	County		Special Distric	ct 🗌 Other (id	lentify below)			
IF OTHER, ID	ENTIFY 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.										
				,	Jue g 19.2-103	.5.				
If you are rec	uesting driving record informatic				on on If you a	re requesting vehicl	e information the			
subject will b	e the vehicle owner (if available)		r you are reque	oung mornau		re requesting venior				
SUBJECT FU	L NAME (last, first, mi, suffix)		SUBJECT NAME	AND ADDRES	S IS THE SAME	AS THE REQUESTER	ABOVE.			
STREET ADD	RESS									
CITY					STATE	ZIP CODE				
		INFORMAT		STED						
	r more boxes below to indicate th and Decedent Photo Requests. I					for Driving Record	Information, Vehicle			
	G RECORD INFORMATI	ON (Includes license history	and convictio	n data) (comp	lete SUBJECT	INFORMATION al	ove)			
SUBJEC1	DRIVER LICENSE NUMBER		or ^{SUBJ}	ECT BIRTH DAT	<mark>ſE (mm/dd/yyyy)</mark>					
REASON FOR REQUEST (Check one) Insurance Employment, School, or Military Member/Applicant/Volunteer Personal Use, Court, or Attorney TNC										
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/y	ууу)			
		es vehicle description and reg	gistration data	(complete SI	JBJECT INFO	RMATION above)				
VEHICLE	IDENTIFICATION NUMBER (VIN)		VEHICLE M	AKE			VEHICLE YEAR			
	E CRASH REPORT									
IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-380.										
	eck one or more boxes to indicate is a DRIVER.	your involvement in the crash:	_	is a PASSENG	ER					
		ed or involved in the crash				result thereof (ev. in	niured 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. At the time of 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.										
			, ,			consequence of the	crash or to which a			
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.										

CRD 93 (07/01/2023)

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PASENGERPEDESTRIAN FULL NAME (ust. lest, nit. suffa) PA												
1.	CITY/COUNTY/TOWN WHERE CRASH OCCURRE	D DRIVER FULL NAME (last, first,	mi, suffix)	DRIVER 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)	PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) 4.									
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 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 disclasting a disclasting and the disclasting and the disclasting and the disclasting of teap. (2) the disclasting and teap. (2) the federal Drivers Privacy Protection Act (18 USC § 272:16 teap.) (2) the disclasting and the disclasting and teap. (2) the disclasting and teap.) (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 (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 in C. Recover Stemestand and agreed to by DMV. For volunteer organizations is used and courset, 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. Recover Crash Report. \$3.00 Police Crash Report. \$3.00 Decedent Photo. Decedent Photo. Deriver/Vehi												
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Virgina law. If representing a government entity, I agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party is prohibited unless specifically identified and agreed to by DMV. For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization. If urther 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 documentato in 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. REQUESTER SIGNATURE DATE (mm/idd/yyyy) CUSTOMER RECORDS FEES Driving Record \$3.00 My vehicle Record \$9.00 Supporting Documents (per page) \$3.00 Vehicle Record \$9.00 Motor Carrier Overweight Citation Record \$8.00 Diving Record \$9.00 Record Certification = \$9.00 \$3.00 Vehicle Record \$9.00 Record Certification = \$9.00 \$5.00 Divier/Vehicle Application \$9.00 Record Certification = \$9.00 \$5.00 Divier/Vehicle Application \$9.00 Record Certification Fee (additional) \$5.00												
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