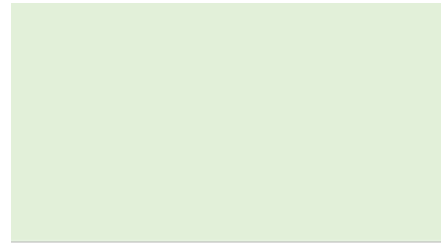




Requests for Vermont Department of Motor Vehicles records must be submitted on this form. The form must be completed in ink.

All applicable sections of this form (front and back) must be completed to obtain the requested information. Do not mail cash! Make check or money order payable (in U.S. funds) to: **Vermont Department of Motor Vehicles.**



**Signature required on back of form.**

Requester Name:		DBA/Company Name:	
Nature of Business:			
Mailing Address:	Street/Box Number:		
	City, State, Zip Code:		
Mail to (if different than above):			
Telephone:		Email:	

**Documents Requested** (select all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Listing of 1 - 4 current or expired registrations – \$8.00   | <input type="checkbox"/> Periodic inspection sticker record – \$8.00                              |
| <input type="checkbox"/> Listing of 1 - 4 current or expired operator's license – \$8.00  | <input type="checkbox"/> Certified copy of suspension notice – \$8.00                             |
| <input type="checkbox"/> Certified copy of current or original registration application – \$8.00  | <input type="checkbox"/> Certified copy of reinstatement notice – \$8.00                          |
| <input type="checkbox"/> Certified copy of expired operator's license application – \$8.00  | <input type="checkbox"/> Certified copy of title – \$6.00   |
| <input type="checkbox"/> Certified copy individual accident report – \$12.00  | <input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$22.00 |
| <input type="checkbox"/> Certified copy police accident report – \$18.00  | <input type="checkbox"/> Certified copy of vessel, snowmobile, or ATV title search – \$13.00      |
| <input type="checkbox"/> Insurance information of accident – \$8.00   | <input type="checkbox"/> Certified copy of 3-year operating record (Vermont only) – \$14.00       |
| <input type="checkbox"/> Statistics and research – \$42.00 per hour   | <input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$20.00     |
| <input type="checkbox"/> List of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered - \$8.00 per page |   |
| <input type="checkbox"/> Other – Provide detailed explanation on reverse side. All other forms of information requested provided will be at a minimum of \$8.00 per page  |   |

**Information requested concerning** (complete as much information as possible):

VIN:		Vehicle Make:	Vehicle Year:	VT License Plate:	Expiration Date:	
Name:		VT Driver's License Number:	Date of Birth:	Social Security Number:		
<b>Date(s) you want covered, if applicable. Does not apply to driving records.</b>						
Month:	Day:	Year:	Through	Month:	Day:	Year:

Specific information requested:
Detailed explanation of intended use (attach additional sheet if necessary):

The information requested may be disclosed if authorized by the Driver Privacy Protection Act. Information being requested is **(initial appropriate category below\*)**:

	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. (18 U.S.C. §2721(b)(1))
	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. (18 U.S.C. §2721(b)(2))
	For use in the formal course of business by a legitimate business or its agents, employees, or contractors to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. (18 U.S.C. §2721(b)(3)(A)) <i>If information provided does not match DMV records, correct information will not be provided. DMV will only disclose that information does not match.</i>
	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. (18 U.S.C. §2721(b)(4))
	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. (18 U.S.C. §2721(b)(6))
	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]. (18 U.S.C. §2721(b)(9))
	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.) (18 U.S.C. §2721(b)(13))
	For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. (18 U.S.C. §2721(b)(14))

**AUTHORIZATION OF RELEASE OF INFORMATION**

I hereby, with my signature, authorize (name of person or business you are authorizing):

\_\_\_\_\_

- To perform a one-time search of the Vermont Department of Motor Vehicles files pertaining to me and any resulting reports. Or;  
 A one-time authorization to transact business pertaining to me within the Vermont Department of Motor Vehicles.

Signature of individual authorizing release:	Date of authorization:
_____	_____

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 U.S.C. §2723). This is signed and the request is made subject to penalties of 18 U.S.C §2723 and V.S.A. §202.

Signature of requestor:	Date of request:
_____	_____
Printed name of requestor:	Driver's license number of requestor:
_____	_____

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by appropriate personnel to determine whether this request conforms to DPPA protocol and requirements. Failure to meet these qualifications or to provide adequate information to make a determination will result in the denial of your request.

***\*Note - Documents identifying the requestor are required for all requests. You must include copies of your state issued identification and documentation that you are authorized to obtain the requested information. If you are unsure of what documents are required, please call 802.828.2000.***

**FOR DEPARTMENT USE ONLY - DO NOT WRITE BEYOND THIS POINT**

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- They are records which, by law, are designated confidential or by a similar term.
- They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (must be submitted in writing).

Vermont Department of Motor Vehicles \_\_\_\_\_