



REQUEST FOR RECORD INFORMATION
PART I: Record Request
APPLICABLE FEE MUST ACCOMPANY REQUEST

☐ Certify the record as a true copy of record on file with Department of Motor Vehicles - No Charge

TYPE OF INFORMATION REQUESTED (CHECK ONLY ONE BOX PER REQUEST)

- ☐ Driver License/Identification Card (**DO NOT COMPLETE SECTION C**)
☐ Vehicle/Vessel (**DO NOT COMPLETE SECTION B**)

SECTION A – Requester's Information – ALL INFORMATION REQUIRED

REQUESTER'S NAME (FIRST, MI, LAST)

DAYTIME TELEPHONE NUMBER

()

ADDRESS

CITY

STATE

ZIP CODE

SECTION B – DL/ID Record Request ONLY – NAME AND DL/ID # OR NAME AND DATE OF BIRTH REQUIRED

INDIVIDUAL NAME (FIRST, MI, LAST)

AND

DRIVER LICENSE/IDENTIFICATION CARD NUMBER

OR

DATE OF BIRTH (MM/DD/YYYY)

Automated record (computer printout) - FEE: \$5 Per Record

- ☐ Current Record
☐ Other (**Explain**)

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Copy

- ☐ DL/ID Photo ☐ DL/ID Application (Guarantor's Signature Search)
☐ Other (**Explain**)

SECTION C – VR/VESSEL Record Request ONLY – COMPLETE LINE ☐ C1 OR ☐ C2

CA LICENSE PLATE/CF NUMBER

OR

VEHICLE/HULL IDENTIFICATION NUMBER

MAKE (Optional)

YEAR MODEL (Optional)

☐ C1

Automated record (computer printout) - FEE: \$5 Per Record

- ☐ Current Record ☐ Owner as of date ____/____/____
☐ Ownership History
☐ Other (**Explain**)

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Year

- ☐ Photocopies on file for: ____/____/____/____ (indicate years)
☐ Release of Liability (REG 138) ____ (indicate year submitted)
☐ Other (**Explain**)

INDIVIDUAL/BUSINESS NAME

☐ C2

ADDRESS

CITY

STATE

ZIP CODE

Automated record (computer printout) - FEE: \$5 Per Record

- ☐ All vehicles/vessels registered to individual/business listed in ☐ C2 above (single record or list of 8 or less.)

SECTION D – Purpose of Request – See Instructions – Permissible Uses of DMV Record Information

SECTION E – Requester's Certification Statement, Signature and DL/ID Number

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. The information received will not be used for any unlawful purpose. I understand that if I provide false information, I may be subject to prosecution for false representation (California Vehicle Code Section 1808.45.) This is a misdemeanor punishable by a maximum fine of five thousand (\$5,000) or a maximum imprisonment of one year in the county jail or both.

EXECUTED AT CITY

COUNTY

STATE

ZIP CODE

ON (DATE)

SIGNATURE

REQUESTER'S DL/ID NUMBER

X

DMV USE ONLY

Check/MO# _____ Total \$ _____ | ☐ DL/ID ☐ C.R. ☐ Photo ☐ App | ☐ VR ☐ C.R. ☐ As Of ☐ 138 ☐ History ☐ ANI
☐ Refund _____ ☐ Other _____ Cashier ID/Date _____

SECTION F – Requester's Mailing Label – DO NOT DETACH

REQUESTER'S NAME

ADDRESS

CITY

STATE

ZIP CODE

MAIL BOTH PAGES TO:
Department of Motor Vehicles
Public Operations — G199
P.O. Box 944247
Sacramento, CA 94244-2470

REQUEST FOR RECORD INFORMATION
PART II: Notice to Record Subject
SEE BELOW

☐ Certify the record as a true copy of record on file with Department of Motor Vehicles - No Charge

TYPE OF INFORMATION REQUESTED (CHECK ONLY ONE BOX PER REQUEST)

- ☐ Driver License/Identification Card (**DO NOT COMPLETE SECTION C**)
☐ Vehicle/Vessel (**DO NOT COMPLETE SECTION B**)

SECTION A – Requester's Information – ALL INFORMATION REQUIRED

REQUESTER'S NAME (FIRST, MI, LAST)

SECTION B – DL/ID Record Request ONLY – NAME AND DL/ID # OR NAME AND DATE OF BIRTH REQUIRED

INDIVIDUAL NAME (FIRST, MI, LAST) AND DRIVER LICENSE/IDENTIFICATION CARD NUMBER OR DATE OF BIRTH (MM/DD/YYYY)

Automated record (computer printout) - FEE: \$5 Per Record

- ☐ Current Record
☐ Other (**Explain**)

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Copy

- ☐ DL/ID Photo ☐ DL/ID Application (Guarantor's Signature Search)
☐ Other (**Explain**)

SECTION C – VR/VESSEL Record Request ONLY – COMPLETE LINE ☒ C1 OR ☒ C2

CA LICENSE PLATE/CF NUMBER OR VEHICLE/HULL IDENTIFICATION NUMBER MAKE (Optional) YEAR MODEL (Optional)

☒ C1

Automated record (computer printout) - FEE: \$5 Per Record

- ☐ Current Record ☐ Owner as of date ____/____/____
☐ Ownership History
☐ Other (**Explain**)

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Year

- ☐ Photocopies on file for: ____/____/____ (indicate years)
☐ Release of Liability (REG 138) ____ (indicate year submitted)
☐ Other (**Explain**)

INDIVIDUAL/BUSINESS NAME

☒ C2

ADDRESS CITY STATE ZIP CODE

Automated record (computer printout) - FEE: \$5 Per Record

- ☐ All vehicles/vessels registered to individual/business listed in ☒ C2 above (single record or list of 8 or less.)

SECTION D – Purpose of Request – See Instructions – Permissible Uses of DMV Record Information

NOTICE TO RECORD SUBJECT

Based on information provided in Section B or Section C, the Requester identified in Section A has requested information from DMV records. The DMV has determined that the purpose for requesting the information (Section D) to be in compliance with the California Vehicle Code §1808, the Information Practices Act of 1977 (Civil Code §1798 et seq.), the Public Records Act (Government Code §6250 et seq.) and the federal Driver's Privacy Protection Act (Title 18 United States Code §2721-2725.)

(DMV USE ONLY) – Confidential residence address information ☐ was ☐ was not provided in accordance with law.

RECORD SUBJECT'S MAILING LABEL – DO NOT DETACH - DMV Use Only

NAME

ADDRESS

CITY

STATE

ZIP CODE

MAIL BOTH PAGES TO:
Department of Motor Vehicles
Public Operations — G199
P.O. Box 944247
Sacramento, CA 94244-2470

Clear Form

Print