

**DRIVING RECORDS ARE \$9.00 WHEN PURCHASED AT SECRETARY OF STATE PLUS OR SUPER!CENTER BRANCH OFFICES. NO FORMS REQUIRED.**

Please be sure to have sufficient identification when requesting a copy of your record.

**MICHIGAN DEPARTMENT OF STATE - REQUESTING YOUR OWN RECORD**

If you are requesting **your own record information**, please complete this form.

If you are requesting records about **someone other than yourself**, use form BDVR 154, Record Lookup Request.

Accurate and complete information will help us locate the record you are requesting. Even if no record is found, you are still responsible to pay the \$8.00 lookup fee for each record requested. Driving records for a driver's personal use show all activity, including accidents where the driver was not at fault. Records produced for insurance, employment, or credit inquiries do not include certain administrative entries or accidents for which the driver did not receive a corresponding court conviction or civil infraction determination.

**Section 1. Requestor's Information (Please print or type all information.)**

If you require your information faxed or mailed to an address other than what is on your driving record with the Secretary of State, you must complete Section 5 on the reverse side of the form and check this box: ☐

Your Name (First, Middle, Last) <b>Kellogg Community College Police Academy</b>		Daytime Telephone Number (      )      -
Current Street Address		
City	State	Zip Code

**Section 2. Requesting Your Own Driving Record or Personal Identification Card Information**

Michigan Driver's License or Personal Identification Card Number		Date of Birth	
<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">[Redacted]</div>		<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">[Redacted]</div>	
<i>Check boxes that apply:</i>			
<input checked="" type="checkbox"/> Driving Record or Personal Identification Card Information for: <i>(Shows last reported address)</i>		<input type="checkbox"/> Employment Only: <input type="checkbox"/> CDL required <input type="checkbox"/> CDL not required	
<input type="checkbox"/> Original License Issue Date		<input type="checkbox"/> Credit, Insurance	
<input type="checkbox"/> Current Application		<input type="checkbox"/> Court	
<input type="checkbox"/> Application History*		<input checked="" type="checkbox"/> Other: <b>Non-Edited</b>	
<input type="checkbox"/> Address History*			
<input type="checkbox"/> Other Driving-Related Record(s)		Date ____/____/____	
<i>(Hearing, Offense, License Status, etc.)</i>			

**Section 3. Requesting Your Own Vehicle Record**

(If you only need your driving record, leave the vehicle information blank or you will be charged for both records.)

License Plate or Registration Number	Vehicle Year	Make and Model	Vehicle or Hull Identification Number
<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">[Redacted]</div>	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">[Redacted]</div>	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">[Redacted]</div>	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">[Redacted]</div>
<i>Check boxes that apply:</i>			
<input type="checkbox"/> Current Vehicle Owner and Lienholder Information			
<input type="checkbox"/> Registration Information as of ____/____/____			
<input type="checkbox"/> Copy of Current Title Application and Related Forms			
<input type="checkbox"/> Complete Title History*			
<input type="checkbox"/> Complete Registration History*			
<input type="checkbox"/> Partial Title History*			
<input type="checkbox"/> Partial Registration History*			
<b>For partial histories, please complete: from ____/____/____ to ____/____/____</b>			
<b>Check box if you want:</b> <input type="checkbox"/> All motor vehicles registered or titled under <u>exact</u> name and address listed in Section 1.**			
<input type="checkbox"/> All other registered or titled assets under <u>exact</u> name and address listed in Section 1.**			

\* **Buying a complete or partial title, application, and/or address history can be very expensive as records are retained for ten years.** There is a \$8.00 charge for each record lookup. Personal information on individuals other than yourself will be redacted (not revealed) from vehicle history records. If you need personal information on previous vehicle owners, you need to complete a BDVR-154 "Record Lookup Request" form.

\*\* For address searches not listed in Section 1, you will need to attach additional information and/or instructions. You will be charged for each record located. You will also be charged a lookup fee for any address search that finds no vehicles and/or assets at an address listed.

**For Office Use Only**

**Section 4. Payment Method** (Payment or credit card billing information must be included.)

The cost for each record looked up is \$8.00. Each certified record provided is \$9.00. Certified records will not be faxed. If "no record" is found, you are still responsible to pay \$8.00 for each record lookup.

<input type="checkbox"/> Check or Money Order (Payable to "State of Michigan")		<input type="checkbox"/> Certified record needed ( <i>\$1.00 additional per record</i> )	
Name on Credit Card (PLEASE PRINT)		Credit Card <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Credit Card Account Number 		Expiration Date 	
If paying by credit card, I authorize charging the total amount to my credit card. <b>X</b> _____ / ____ / ____ Signature of Cardholder Date			

**Section 5. Special Delivery Instructions**

If you want the record(s) sent to another person or company, complete this section. If address is the same as on the front, leave this section blank.

Please <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Mail my record(s) as indicated below. { If the record is faxed <u>and</u> mailed, you will be charged for each delivery method. Certified records will <u>not</u> be faxed.		
Name Kellogg Community College Police Academy	Attention (if required) Robert Miller, Manager	
Mailing Address 450 North Avenue	Daytime Telephone Number ( 269 ) 965 - 3931	Fax Number ( 269 ) 565 - 2060
City Battle Creek	State MI	Zip Code 49017

Explain the reason why you need the record(s) sent to another person or to a company:

My driving record is an important element of my screening for admission to a police academy.

**Section 6. Requestor Certification** (This section must be completed or request will not be processed.)

Explain the reason why you are requesting your own record information:

Need my non-edited complete driving record as part of my application for admission to a police academy.

I certify that I am requesting my own record information.

**X** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of Requestor – form must be signed or request will not be processed. Date

**Penalties for Misuse: Under Michigan law, a person who makes a false representation or a false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine of up to \$15,000.**

Mail your completed request to:

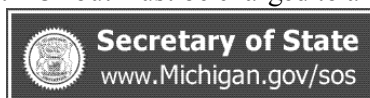
Michigan Department of State  
Record Lookup Unit  
7064 Crowner Drive  
Lansing, Michigan 48918-1540

Call **517.322.1624** for help in completing this form.

Completed requests may be faxed to **517.322.1181** but must be charged to a credit card.



BDVR - 153



BDVR-153 (04/2014)