



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. 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 only) to: Vermont Department of Motor Vehicles.

Signature Required on Back of Form

Requester Name: DBA/Company:
Mailing Address: Street/Box Number: City, State, Zip:
Mail to (If different than above address): Telephone Number:
Listings of 1 through 4 current or expired registrations - \$8.00
Certified copy of suspension notice - \$8.00
Listing of 1 through 4 current or expired operator's license - \$8.00
Certified copy of reinstatement notice - \$8.00
Certified copy of current or original registration application - \$8.00
Certified copy of title - \$6.00
Certified copy of expired operator's license application - \$8.00
Certified copy of vehicle title search, title info, lien info. - \$22.00
Certified copy individual accident report - \$12.00
Certified copy of vessel, snowmobile or ATV title search - \$13.00
Certified copy police accident report - \$18.00
Certified copy of 3 year operating record (Vermont only) - \$14.00
Insurance information of accident - \$8.00
Certified copy of complete operating record (Vermont only) - \$20.00
Statistics and research - \$42.00 per hour
Certified copy of proof of mailing - \$8.00
Periodic inspection sticker record - \$8.00
Certified copy of mail receipt - \$8.00
Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) - \$8.00 per page
Other - Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$8.00.

I am requesting information concerning:

VIN Vehicle Make Vehicle Year VT License Plate # Expiration Date
Name VT Driver License Number Date of Birth
Street/Box Number Social Security Number
City State Zip Code
Date(s) you want covered, if applicable (does not apply to driving records)
Month Day Year Through Month Day Year

AUTHORIZATION OF RELEASE OF INFORMATION

I hereby, with my signature, authorize (print name of person or business you are authorizing):
Not Applicable
To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.
Signature of individual authorizing release: Date authorization given:
Not Applicable Not Applicable

Information requested (be specific, if necessary use separate sheet of paper):

Certified copy of title. Copy of driver license and \$6 enclosed.

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓ You <u>must</u> 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 required* .
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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
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. <i>An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.</i>
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 must be attached to this document.</i>
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 required* .
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 required* .
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 must be attached to this document.</i>
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.)

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester:		Date:	
Driver License/Corporate Number of Requester:			

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

* Appropriate documents identifying requester are **required**. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING 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 (appeals must be submitted in writing).

Vermont Department of Motor Vehicles: _____