

REQUEST FOR VEHICLE INFORMATION

\$5.00 Fee required for each record requested or \$10.00 Fee for each certified record
The most current version of this form can be found at www.dmv.state.pa.us

PRINT OR TYPE ALL INFORMATION LEGIBLY • DO NOT SEND CASH**SEE REVERSE FOR INSTRUCTIONS/INFORMATION**

A REQUESTER INFORMATION			B END USER OF INFORMATION BEING REQUESTED										
NAME			NAME OF BUSINESS										
ADDRESS: P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.			ADDRESS: (P.O. Box not accepted), need to provide physical location of business/residence										
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE								
DAYTIME TELEPHONE NUMBER (Required) ()		REFERENCE NUMBER	CONTACT PERSON		PHONE #								
SIGNATURE <u>X</u>			NAIC NUMBER		POLICY NUMBER								
NOTARIZATION <u>NOT</u> REQUIRED WHEN REQUESTING YOUR OWN RECORD			CLAIM NUMBER										
C VEHICLE INFORMATION <i>(read instructions for number 2 on the back of the form)</i>			D MICROFILM Certified - <input type="checkbox"/> YES (Additional \$5.00 Required)										
			CHECK (<input checked="" type="checkbox"/>) ONE ONLY: SEE REVERSE SIDE OF FORM FOR EXPLANATION OF INFORMATION YOU WILL RECEIVE.										
TAG NUMBER	TITLE NUMBER		<input type="checkbox"/> TITLE HISTORY- Indicate if you want: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> CURRENT RECORD, or the</td> <td><input type="checkbox"/> ODOMETER READINGS</td> </tr> <tr> <td><input type="checkbox"/> PREVIOUS RECORD</td> <td><input type="checkbox"/> ENCUMBRANCE/BASIC</td> </tr> <tr> <td></td> <td><input type="checkbox"/> BASIC INFORMATION</td> </tr> <tr> <td></td> <td><input type="checkbox"/> INSURANCE _____</td> </tr> </table>			<input type="checkbox"/> CURRENT RECORD, or the	<input type="checkbox"/> ODOMETER READINGS	<input type="checkbox"/> PREVIOUS RECORD	<input type="checkbox"/> ENCUMBRANCE/BASIC		<input type="checkbox"/> BASIC INFORMATION		<input type="checkbox"/> INSURANCE _____
<input type="checkbox"/> CURRENT RECORD, or the	<input type="checkbox"/> ODOMETER READINGS												
<input type="checkbox"/> PREVIOUS RECORD	<input type="checkbox"/> ENCUMBRANCE/BASIC												
	<input type="checkbox"/> BASIC INFORMATION												
	<input type="checkbox"/> INSURANCE _____												
VEHICLE IDENTIFICATION NUMBER		DATE OF ACCIDENT (if applicable)	E VEHICLE OWNER RELEASE										
NAME			I _____, NAME OF VEHICLE OWNER,										
ADDRESS			hereby request the PA Department of Transportation to furnish a copy of my PA vehicle record to,										
CITY	STATE	ZIP CODE	NAME OF REQUESTER										
			SIGNATURE OF VEHICLE OWNER		DATE								
F AFFIDAVIT OF INTENDED USE - YOU MUST CHECK (<input checked="" type="checkbox"/>) ONE ITEM													
<p>_____ 1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.</p> <p>_____ 2. For use in connection with matters of motor vehicle 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.</p> <p>_____ 3. For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only:</p> <p style="margin-left: 20px;">a. to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and</p> <p style="margin-left: 20px;">b. if such 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.</p> <p>_____ 4. For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or 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 a Federal, State, or local court.</p> <p>_____ 5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.</p> <p>_____ 6. For use by an 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.</p> <p>_____ 7. For use in providing notice to the owners of towed or impounded vehicles.</p> <p>_____ 8. For use in connection with the operation of private toll transportation facilities.</p>													
NOTARIZATION	SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR		I hereby certify that _____ will										
	SIGNATURE OF PERSON ADMINISTERING OATH		NAME OF REQUESTER										
	SIGN IN PRESENCE OF NOTARY		use the vehicle information requested pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and for no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act and the Federal Drivers Privacy Protection Act. I/We state that I/we have read and signed this form after its completion, and I/we swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.										
S E A L			SIGNATURE OF REQUESTER		TITLE OF REQUESTER (if applicable)								

THIS FORM MAY BE PHOTOCOPIED**MESSENGER NO.**

INSTRUCTIONS

1. A \$5.00 non-refundable fee is required for each request. If the Bureau has no record for the information requested or the data supplied is insufficient, the fee will be applied to the cost of the search.
2. **PRINT OR TYPE** all requested information on front of form. Submitting **ONLY** a name or name and address does not provide enough information for a proper search of the vehicle files. A search on TAG Number only is restricted to insurance claims investigation. If the TAG Number is the only vehicle information available, Section B must be completed and must include NAIC Number, Policy Number and Claim Number.

Reference Number - Is a unique identifier assigned by the Requestor. This information will be printed on the vehicle record that is returned to the Requestor. The Reference Number can assist you in processing the record when it is returned to your office. This information is not required.

3. **If requesting your own record**, complete Sections A, C and D only. Notarization is NOT required. If you currently own the vehicle but are requesting a Title History, you must complete Section F and have the application notarized.
4. **If requesting someone else's record**, complete Sections A, C, D, and either E or F.
5. **If requesting a record on behalf of another person**, complete Sections A, B, C, D, and either E or F. NAIC Number, Policy Number and Claim Number are only required when the only vehicle information available is the TAG Number.
6. **When requesting a title history**, a \$5.00 fee is required for each title record. To determine the appropriate fee, please contact the numbers listed below to determine the number of title records available.

HOURS TO CALL FOR INFORMATION...8:00 A.M. TO 6:00 P.M.

IN STATE	1-800-932-4600
OUT-OF-STATE	(717) 412-5300
TDD IN STATE	1-800-228-0676
TDD OUT-OF-STATE	(717) 412-5380

7. Make check or money order payable to: "**Commonwealth of PA**".

DO NOT SEND CASH. Attach your check or money order and send to:

**Department of Transportation
Bureau of Driver Licensing
Vehicle Record Services
P.O. Box 68691
Harrisburg, PA 17106-8691**

DESCRIPTION OF INFORMATION AVAILABLE

Vehicle record information is available for the past 10 years only

NOTE: Sales tax and purchase price are considered confidential and will not be provided.

- **Title History** A copy of the title transaction documents will be provided.
- **Odometer** A copy of the title/renewal transaction will be provided.
- **Encumbrance** Includes basic information listed above in addition to lienholder's name and address and expiration date.
- **Insurance** A copy of the title/renewal transaction will be provided.
- **Basic** Includes name, address, title number, tag, vehicle identification number (VIN), make and expiration date of tag.

IMPORTANT INFORMATION CONCERNING THE USE OF VEHICLE INFORMATION

- Vehicle record information is confidential and restricted information and the Requestor/End User is responsible for establishing procedures to protect the confidentiality of these records.
- Vehicle record information can only be used for the purpose stated in Section F.
- Vehicle record information cannot be sold, assigned, or otherwise transferred to any party, other than the End User.
- PennDOT retains exclusive ownership of all vehicle record information and the Requestor/End User shall not combine and/or link in with any other data on any database except as may be required by law.
- The vehicle record information cannot be used for direct mail advertising or any other type or types of mail or mailings.
- The vehicle record information cannot be disseminated or published on the Internet without the express written permission of PennDOT.
- PennDOT reserves the right to audit each request for vehicle record information. If the Requestor/End User is found to have requested vehicle record information for an unauthorized purpose, access to Pennsylvania vehicle record information will be terminated.