



REQUEST FOR CERTIFIED RECORDS

State Form 53789 (R12 / 9-16)
Approved by State Board of Accounts, 2017
Bureau of Motor Vehicles

BUREAU OF MOTOR VEHICLES

Attn: Records Request
100 N. Senate Ave., Rm N412
Indianapolis, IN 46204

INSTRUCTIONS:

1. Complete in blue or black ink or type.
2. Complete all five (5) steps when requesting records. If any of the steps are not completed, the request will be returned.
 - STEP 1 - Complete applicable information.
 - STEP 2 - Complete as many identifiers as possible.
 - STEP 3 - Check **ONE** box unless requesting a juvenile history. Attach one form for each record requested.
 - STEP 4 - Indicate which exception authorizes you to receive protected information, as well as your intended use.
 - STEP 5 - Calculate the total payment amount, sign and date the form.
3. Include payment with completed form, by money order, cashier's check, or business check. Individuals who have an INDIANA BMV record may write a personal check payable to the Bureau of Motor Vehicles.
4. Mail the completed form to the address indicated above.
5. Please allow two (2) to four (4) weeks to process this request.

The Indiana Bureau of Motor Vehicles (BMV) maintains driver, vehicle and other records available to the public unless protected by statute. Ind. Code § 5-14-3-1 et. seq. Certain information contained in a BMV record may not be disclosed except as authorized by Ind. Code. Recipients of BMV records containing personal or highly restricted personal information must follow state and federal privacy laws regarding document usage, distribution, and retention. Juvenile records cannot be disclosed unless a person is requesting his or her own records, or the records are requested by the minor's parent, legal guardian or financially responsible party. Many BMV public records are immediately available through subscription at IN.gov. Individuals can access their own driver and vehicle records online at myBMV.com.

STEP 1: Complete your information.												
Name of Person or Business (first name, middle name, last name)						Telephone Number			E-mail Address			
Mailing Address (number and street, city, state and ZIP code)												
Last 4 Digits of Social Security Number XXX-XX-_____			Last 4 Digits of I-94 Admission # if applicable XXXXXXX_____				Federal Identification Number of Business (Used for security purposes only.) _____-_____					
STEP 2: Complete the information you are requesting. (Please include as many identifiers as possible.)												
Name of Driver (first name, middle name, last name)						Driver's License Number, if known						
Last 4 Digits of Driver's Social Security Number, if known xxx-xx-_____			Last 4 Digits of Record of Admission number (I-94), if applicable xxxxxxx_____				Driver's Date of Birth (mm/dd/yyyy), if known.					
Last Known Indiana Mailing Address (number and street, city, state and ZIP code)												
Vehicle/Watercraft Year		Vehicle/Watercraft Make			Vehicle/Watercraft Model				Title Number			
Vehicle/Watercraft Identification Number												
Name of Registrant (first name, middle name, last name)						Vehicle Plate or Watercraft Registration Number						
Registrant's Last Known Indiana Mailing Address (number and street, city, state and ZIP code)												
STEP 3: Check the type of record you are requesting.												
<input type="checkbox"/> Certified Driver Record (\$4.00 fee)												
<input type="checkbox"/> Certified Driver History (\$8.00 fee) (includes document copies of court order, conviction, citation, application, etc.) Documents requested: _____												
<input type="checkbox"/> Proof of Insurance (Specify vehicle make and date of accident.) _____												
<input type="checkbox"/> Certified Vehicle/Watercraft Title Inquiry (\$4.00 fee) - Information regarding CURRENT owner including any liens, year, make, model, and VIN/HIN, odometer reading and vehicle/watercraft purchase date.												
<input type="checkbox"/> Certified Vehicle/Watercraft Title History (\$8.00 fee) - Information regarding ALL previous Indiana vehicle owners for the past ten (10) years, or the previous five (5) years if no changes were made to the title during that five (5) year period.												
<input type="checkbox"/> Certified Vehicle/Watercraft Registration Inquiry (\$4.00 fee) - Information regarding CURRENT registrant, county and township of registration, registration fees and taxes paid, purchase date, year, make, model, VIN/HIN, insurance information, type, color and plate or watercraft registration number or license type with expiration date.												
<input type="checkbox"/> Certified Vehicle/Watercraft Registration History (\$4.00 fee) - Information regarding a PREVIOUS REGISTRATION within the last four (4) years.												

STEP 4: I am requesting records containing personal information for the intended use listed in the statutory exception below:	
<input type="checkbox"/> I am requesting my personal information. <i>(Include a copy of your photo identification.)</i>	
<input type="checkbox"/> I am a legal guardian or have power of attorney for the person whose record is requested. <i>(Authorizing guardianship or power-of-attorney documents and photo identification must be submitted with this form.)</i>	
<input type="checkbox"/> I am a law enforcement officer requesting: <input type="checkbox"/> records or <input type="checkbox"/> a photograph for an investigation (Ind. Code § 9-14-13-2). Badge number: _____ Law enforcement agency: _____ Name and title of the agency's chief officer (e.g. John Smith, Sheriff) _____	
<input type="checkbox"/> I am requesting for use by a government agency in carrying out its functions (Ind. Code § 9-14-13-7(1)). Government entity: _____ Government function(s): _____	
<input type="checkbox"/> Matters concerning vehicle safety, emissions, recalls, performance, dealers, parts, market research, manufacturer record owner amendment, or fuel theft (Ind. Code § 9-14-13-6 or §9-14-13-7(2)).	
<input type="checkbox"/> In the normal course of business to verify information received (Ind. Code § 9-13-14-7(3)).	
<input type="checkbox"/> Pending litigation: civil, criminal, administrative, or arbitration proceeding (Ind. Code § 9-14-13-7(4)).	
<input type="checkbox"/> Research activities (Ind. Code § 9-14-13-7(5)).	
<input type="checkbox"/> Insurance claims investigations or underwriting (Ind. Code § 9-14-13-7(6)).	
<input type="checkbox"/> Notice to owners of towed or impounded vehicles (Ind. Code § 9-14-13-7(7)).	
<input type="checkbox"/> Licensed private investigative agency or security service (Ind. Code § 9-14-13-7(8)).	
<input type="checkbox"/> Employer or its agent to verify commercial driver's license information (Ind. Code § 9-14-13-7(9)).	
<input type="checkbox"/> Private Toll Operation (Ind. Code § 9-14-13-7(10)).	
<input type="checkbox"/> The BMV has obtained written consent of the subject and the information can be used for any purpose under Ind. Code § 9-14-13-7(11).	
<input type="checkbox"/> Surveys, marketing or solicitations and the BMV has obtained written consent of the subject (Ind. Code § 9-14-13-7(12)).	
<input type="checkbox"/> The person whose information I am seeking to use under Ind. Code § 9-14-13-7-(13) and -8 provides written consent below. _____ I consent to the release of my restricted information (defined above) to the requestor. (to be signed by record owner) PRINTED NAME: _____ SIGNATURE: _____	

STEP 5: Calculate the amount owed, sign and date form	
Total amount owed: _____	
<input type="checkbox"/> I swear and affirm under the penalties for perjury the information on this form is true and accurate. I will limit disclosure of all information received to the permissible use authorized by the Ind. Code selected above and the Driver Privacy Protection Act (18 USC § 2721).	
Printed name	Date (mm/dd/yyyy)
Signature: _____	

BMV USE ONLY: Records provided by (name) _____ on (mm/dd/yyyy) _____