



REQUEST FOR CERTIFIED RECORDS

State Form 53789 (R13 / 11-24)

Approved by State Board of Accounts, 2018

Bureau of Motor Vehicles

BUREAU OF MOTOR VEHICLES

Attn: Records Request
100 N. Senate Ave., Rm N412
Indianapolis, IN 46204
888-692-6841

The legal authority for this form is I.C. 9-14-13-7.

- 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, made out to the Indiana BMV. **ONLY individuals who have an INDIANA BMV record may write a personal check payable to the Bureau of Motor Vehicles. Personal checks from customers who do not have an Indiana BMV record cannot be accepted.**
 4. Mail the completed form along with payment 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 (Indiana Code § 5-14-3-1 *et. seq.*). Certain information contained in a BMV record may not be disclosed except as authorized by Indiana 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. 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 Number (if applicable) XXXXXXX				Federal Identification Number of Business (Used for security purposes only.) _____							
STEP 2: Complete the appropriate fields either for driver or vehicle records. (Include as many identifiers as possible.)															
Driver Records															
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 Records															
Last Known Vehicle Owner Name (first name, middle name, last name)															
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 per Indiana Code § 9-14-12-7) <input type="checkbox"/> Certified Driver History (includes document copies of suspension notices and citations)(\$8.00 fee per Indiana Code § 9-14-12-7) 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 per Indiana Code § 9-14-12-7) – 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 per Indiana Code § 9-14-12-7) – 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 per Indiana Code § 9-14-12-7) - 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 per Indiana Code § 9-14-12-7) – 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 or government employee requesting records for use by a government entity in carrying out its functions (Indiana Code §9-14-13-7(1)). Law enforcement agency/government entity: _____ Name and title of the agency's chief officer (e.g., John Smith, Sherriff/Commissioner): _____ _____ Badge number or requesting Officer (if law enforcement): _____ Government Function(s): _____	
<input type="checkbox"/> Matters concerning vehicle safety, emissions, recalls, performance, dealers, parts, market research, manufacturer record owner amendment, or fuel theft (Indiana Code § 9-14-13-6 or §9-14-13-7(2)).	
<input type="checkbox"/> In the normal course of business by a business to verify information received (Indiana Code § 9-14-13-7(3)). Provide business name.	
<input type="checkbox"/> In connection with litigation: civil, criminal, administrative, or arbitration proceeding (Indiana Code § 9-14-13-7(4)). <i>Provide cause number if available.</i>	
<input type="checkbox"/> Research activities (Indiana Code § 9-14-13-7(5)). (Any personal information shall not be published, redisclosed, or used to contact the identified individuals.)	
<input type="checkbox"/> Insurance claims investigations or underwriting (Indiana Code § 9-14-13-7(6)).	
<input type="checkbox"/> Notice to owners of towed or impounded vehicles (Indiana Code § 9-14-13-7(7)).	
<input type="checkbox"/> Licensed private investigative agency or security service (Indiana Code § 9-14-13-7(8)). Provide a copy of credentials.	
<input type="checkbox"/> Employer or its agent or insurer to verify commercial driver's license information (Indiana Code § 9-14-13-7(9)).	
<input type="checkbox"/> Private Toll Operation (Indiana 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 Indiana Code § 9-14-13-7(11). If not signed below, provide a copy of consent.	
<input type="checkbox"/> The person whose information I am seeking to use under Indiana 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. <i>(To be signed by record owner.)</i> PRINTED NAME: _____ SIGNATURE: _____	
<input type="checkbox"/> Surveys, marketing, or solicitations and the BMV has obtained written consent of the subject (Indiana Code § 9-14-13-7(12)).	
STEP 5: Calculate the amount owed, sign and date form.	
Total amount owed: _____	
<input type="checkbox"/> I swear or 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 I.C. 9-14-13-10 and the Driver Privacy Protection Act (18 USC § 2721).	
Printed name	Date (mm/dd/yyyy)
Signature	