

REQUEST FOR DRIVER RECORDS

State Form 53789 (R9 / 6-13)
Approved by State Board of Accounts, 2013
Bureau of Motor Vehicles

The Indiana Bureau of Motor Vehicles (BMV) driver and vehicle records are open to the public except those protected by law. Recipients of records must comply with the applicable state and federal privacy laws for usage, distribution, and record keeping.

Many of the BMV public records are immediately available through a subscription to the online service at IN.gov. Your own records are also immediately available online at myBMV.com. Paper copies may be requested by completing this form.

Records will contain only the personal information submitted with the request unless otherwise authorized by law. "Personal information" means anything in the record that identifies a person, including: (1) name; (2) address; (3) driver's license or identification document number; (4) a photograph or computerized image; (5) Social Security number; (6) telephone number; or (7) medical or disability information.

Records will not contain confidential juvenile information, unless you, as the requestor, are the individual to whom the information belongs, or the parent, legal guardian, or authorized representative of that individual. If you otherwise are entitled to confidential juvenile information, you must obtain it from the appropriate court.

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STEP 1: Provide the following informa	tion for the person co	npleting/submitting	this form.
Name of person or business (first name, middle name, last name)		Telephone number	E-mail address
Mailing address (number and street, city, stat	te and ZIP code)		
I and A district Constitution of the constitut	E. 11 I.1	NI	
Last 4 digits of Social Security number (This information is for security purposes only.)	Federal Identification Number, if applicable (This information is for security purposes only.)		
XXX-XX			
STEP 2. Dowson named in Stan 1 is west	ussting information or	the following nergo	^
STEP 2: Person named in Step 1 is requesting information on the following person. Name of driver (first name, middle name, last name) Driver's license number, if known in the following person.		er's license number, <i>if known</i>	
value of driver (trist name, madic name, tast name)			is a second number, y mic m
Last 4 digits of driver's Social Security number, if known XXX-XX-		Driver's date of birth (mm/dd/yyyy), if known	
Mailing address (number and street, city, stat	to and ZID and a)		
Iviaining address (number and street, city, stat	ve ana ZIF code)		
CIDED 3			
STEP 3: Select the type of record(s) you	u are requesting.		
STEP 3: Select the type of record(s) you Certified Driver Record (\$4.00 fee) - Re		to process.	
	equires 10 business day.	Î	nts. Requires 2-4 weeks to process.
☐ Certified Driver Record (\$4.00 fee) - Re☐ ☐ Certified Driver History (\$8.00 fee) - Re	equires 10 business days	Î	nts. Requires 2-4 weeks to process.
☐ Certified Driver Record (\$4.00 fee) - Re☐ Certified Driver History (\$8.00 fee) - Re☐ Specify the documents being requested:	equires 10 business days	f supporting documer	nts. Requires 2-4 weeks to process.
☐ Certified Driver Record (\$4.00 fee) - Re☐ ☐ Certified Driver History (\$8.00 fee) - Re	equires 10 business days	f supporting documer	nts. Requires 2-4 weeks to process.
☐ Certified Driver Record (\$4.00 fee) - Re☐ Certified Driver History (\$8.00 fee) - Re☐ Specify the documents being requested:	equires 10 business days ecord and photocopies of	of supporting documents	
☐ Certified Driver Record (\$4.00 fee) - Re ☐ Certified Driver History (\$8.00 fee) - Re Specify the documents being requested: ☐ Proof of Insurance (\$4.00 fee) - Available	equires 10 business daysecord and photocopies of the last of the l	f supporting documents	
☐ Certified Driver Record (\$4.00 fee) - Record (\$4.00 fee) - Record (\$8.00 fee) - Record (\$9.00 fee) - Record (\$9	equires 10 business days ecord and photocopies of le 120 days after an acc Year Date of	ident or a ticket.	nm/dd/yyyy)
☐ Certified Driver Record (\$4.00 fee) - Record (\$4.00 fee) - Record (\$8.00 fee) - Record (\$9.00 fee) - Record (\$9	equires 10 business days ecord and photocopies of le 120 days after an acc Year Date of	ident or a ticket.	nm/dd/yyyy)
☐ Certified Driver Record (\$4.00 fee) - Record (\$4.00 fee) - Record (\$8.00 fee) - Record (\$8.00 fee) - Record (\$4.00 fee) - Record (\$4.00 fee) - Available (\$4.00 fee) - Avai	equires 10 business days ecord and photocopies of the 120 days after an according to the property of the second and photocopies of the second and s	ident or a ticket. f accident or ticket (requesting records that	nm/dd/yyyy)t contain confidential juvenile
☐ Certified Driver Record (\$4.00 fee) - Record (\$4.00 fee) - Record (\$8.00 fee) - Record (\$8.00 fee) - Record (\$4.00 fee) - Available (\$4.00 fee) - A	equires 10 business days ecord and photocopies of the 120 days after an acc Year Date of the Information - I am to must include a copy of y	ident or a ticket. f accident or ticket (requesting records that	nm/dd/yyyy)t contain confidential juvenile

STEP 4: If you are requesting PERSONAL information, indicate your qualification to receive the personal information. Please mark only one (1) category per form.					
☐ I am requesting my records that contain my personal information.					
☐ I am a legal guardian or have power of attorney for the person named in the requested records containing personal					
information. Must provide a copy of the da	information. Must provide a copy of the documents granting guardianship or power of attorney.				
For any of the <i>above</i> categories, please include your (the requestor's):					
Indiana driver's license or identification c	ard number	_ (Or a photocopy of an out-of-state driver's license)			
Last four digits of Social Security number XXX-XX					
☐ I am a law enforcement officer requesting: ☐ records containing personal information to use for investigation purposes					
and/or the use of a photograph					
Badge number:	Law enforcement agency:				
Name and title of the agency's chief officer (e.g. John Smith, Sheriff):					
I am an attorney. Attorney number:					
To obtain records containing additional personal information, an attorney must submit a Third Party Request for Records.					
I am an elected government official or	a government employee requesting record	s that (select one)			
	sonal information than what I am providing				
	; Government entity:				
Intended use of the records:					
CONTRACTOR OF					
		ffirm under the penalties of perjury that			
all of the information on this form is true and accurate.					
Total amount owed:					
Signature		Date (month, day, year)			
STEP 6: Mail this form and payment to: Indiana Bureau of Motor Vehicles, Attn: Driver Records Requests, 100 N.					
Senate Ave., N412, Indianapolis, IN 46204.					
The BMV will return a copy of your completed request as an acknowledgment that the BMV received your request, is reviewing it and will respond in writing to your request within a reasonable time. The acknowledgement will be returned within 24 hours if the form is submitted in person or seven days if sent to the BMV.					
FOR BMV USE ONLY.					
Name of BMV/C employee	Central office department	Date received (month, day, year)			
		Initial response date (month, day, year)			