REQUEST FOR MOTOR VEHICLE OR WATERCRAFT RECORDS

State Form 46449 (R11 / 7-15)
Approved by State Board of Accounts, 2015
Bureau of Motor Vehicles

BUREAU OF MOTOR VEHICLES
Attn: Vehicles Records Requests
100 N. Senate Ave., Rm N412
Indianapolis, IN 46204

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.

Information in a record that identifies a person is statutorily restricted by Ind. Code §§ 9-14-3-5, 9-14-3.5-5, and 9-14-3.5-7 and can only be released in the circumstances outlined below.

A person's name, address, or telephone number can only be released if:

(1) you provide written consent of the person to whom the personal information pertains; or
(2) you provide proof of identity and a representation that use of the information will be strictly limited to at least one of the uses outlined in Ind. Code § 9-14-3.5-10. You must specify which use in Ind. Code § 9-14-3.5-10 applies to you.

A person's image, Social Security number, medical or disability information, driver's license number, federal identification number, or a reproduction of his/her signature on his/her application for an Indiana ID card, learner's permit, or driver's license can only be released if:

(1) you provide the express written consent of the person to whom the information pertains; or
(2) you provide proof of identity and a representation that use of the information will be strictly limited to at least one of the uses outlined in Ind. Code § 9-14-3.5-10(1), Ind. Code § 9-14-3.5-10(4), Ind. Code § 9-14-3.5-10(6) or Ind. Code § 9-14-3.5-10(9). In your request, you must specify which use in Ind. Code § 9-14-3.5-10 applies to you.

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.

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 - Only check one box. Additional record requests must be completed on separate forms.*
   - *STEP 4 – Must provide at least one qualification and complete the intended use of the record.*
   - *STEP 5 – Indicate the payment amount, sign and date the request form.*
3. *Include payment with completed form. Acceptable forms of payment are money order, cashier's check, business check or personal check (must have an INDIANA BMV record to process a personal check). Make checks 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.*

STEP 1: The person submitting this form must provide the following 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 *(This information is for security purposes only.)*	Last 4 digits of record of admission number (I-94) (*if applicable*)	Federal identification number if requestor is a business *(This information is for security purposes only.)*
XXX-XX-_____	XXXXXXX_____	_____-_____

STEP 2: Complete Section A or B for the type of record you want to obtain.

I consent to the release of my restricted information (defined above) to the requestor.

PRINTED NAME _____ SIGNATURE: _____

A: Motor vehicle registration or title record for the following vehicle.

Vehicle year	Vehicle make	Vehicle model	Vehicle plate number	Vehicle title number

Vehicle identification number																	

Name of registrant (*first name, middle name, last name*)
Registrant's last known Indiana mailing address (*number and street, city, state and ZIP code*)

B: Watercraft record for the following vehicle.

Watercraft year	Watercraft make	Watercraft model	Watercraft title number

Hull identification number												

Name of registrant (*first name, middle name, last name*)	Motorboat registration number

Registrant's last known Indiana mailing address (*number and street, city, state and ZIP code*)

STEP 3: Select the record you are requesting.

☐ **Certified Vehicle/Watercraft Title Inquiry ($4.00 fee) -** This record contains information pertaining to the **CURRENT** owner and includes information regarding liens, vehicle/watercraft make, model, year and VIN/HIN, odometer reading and vehicle/watercraft purchase date.

☐ **Certified Vehicle Title History ($8.00 fee) -** This record contains information pertaining to **ALL** previous Indiana owners of the vehicle for the prior ten (10) years, or the prior five (5) years if no changes were made to the title during that prior five (5) year period**.**

☐ **Certified Watercraft Title History ($4.00 fee) -** This record contains information pertaining to ALL previous Indiana owners of the watercraft for the prior ten (10) years, or the prior five (5) years if no changes were made to the title during that prior five (5) year period.

☐ **Certified Vehicle/Watercraft Registration Inquiry ($4.00 fee) -** This record contains information pertaining to the **CURRENT** registrant and includes county and township of registration, registration fees and county tax paid, vehicle/watercraft purchase date, vehicle/watercraft make, model, year, insurance information, VIN/HIN, type, color and plate number or watercraft registration license type, and watercraft registration number with expiration date.

☐ **Certified Vehicle/Watercraft Registration History ($4.00 fee) –** This record contains information pertaining to the **PRIOR FOUR (4) YEARS** registrant and includes county and township of registration, registration fees and county tax paid, vehicle/watercraft purchase date, vehicle/watercraft make, model, year, insurance information, VIN/HIN, type, color, and plate number or watercraft registration license type, and watercraft registration number with expiration date.

STEP 4: If you wish to receive restricted information, indicate your qualification to receive the information. You must mark at least one (1) category. You must identify to which use the information will be strictly limited.

☐ I am requesting my records that contain my restricted information.

☐ I am a legal guardian or have power of attorney for the person named in the requested records containing restricted information. *Must provide a copy of the documents granting guardianship or power of attorney.*

☐ I am a law enforcement officer requesting records containing restricted information to use for investigation purposes.

Badge number: _____ Law enforcement agency: _____

Name and title of the agency's chief officer (e.g. John Smith, Sheriff):

_____

☐ I am requesting the information for use in connection with a civil, criminal, administrative, or arbitration proceeding

☐ I am requesting for use by a government agency in carrying out its functions:

Government entity :_____

Government function(s) :_____

☐ I have provided the consent of the person whose restricted information I am seeking.

☐ The permissible under Ind. Code § 9-14-3.5-10 identified above.

☐ The following permissible use under Ind. Code § 9-14-3.5-10 _____

STEP 5: Fill in the amount of money owed, then sign and date. I swear or affirm under the penalties of perjury that all of the information on this form is true and accurate and any restricted information I receive will be only be used for the stated permissible purpose under Ind. Code § 9-14-3.5-10.

Total amount owed: _____

Printed name	Signature	Date *(mm/dd/yyyy)*