



**MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES**

445 Minnesota Street, Saint Paul, MN 55101-5161  
Phone: (651) 296-2940 TTY: (651) 282-6555  
dvs.dps.mn.gov

**Mail requests to:**  
Driver and Vehicle Services  
Records Unit  
445 Minnesota St., Suite 161  
St. Paul, MN 55101-5161

**DVS RECORD REQUEST**

**Payment must accompany request - Please make check or money order out to: Driver & Vehicle Services.**

- o Payments must be made in U.S. dollar amounts.
- o Please DO NOT send cash.
- o ***If mailing in: Requester is required to include a legible copy of driver license, government issued identification card, or notarized signature.***
- o For a driving record, complete Section A.
- o For a motor vehicle record, complete Section B.
- o All requestors must complete Section C
- o If you **are not** the subject of the record being requested you must complete Section D by initialling the appropriate permissible use.

Please Check One Box:

- I am requesting a copy of my own record. - Proceed to fill out section A or B and section C.
- I am requesting a copy of the record of another person, and I have attached their written consent.
- Other - for all other record requests, you must initial at least one permissible use in Section D and complete the additional required information.

**A. Driving Record Request:**

**Driver's Name:** Last, First, Middle

**Date of Birth:**

**Minnesota DL/ID Number:**

- - - -

**Check all that apply.** For multiple records, please attach a multiple record supplement to this request form.

- Non-Certified Copy** (5-year History - *Convictions only*)
- Certified Copy**
- Certified Copy + Letter to show the date the driver's license was originally issued**

<b>Payment made out to Driver &amp; Vehicle Services</b>	<b>Requester IS subject of data</b>	<b>Requester is NOT subject of data</b>
Non-Certified Copy (5 year history)	\$9.00	\$9.50
Certified Copy	\$10.00	\$10.50
Certified Copy + License Issuance Date Letter	\$11.00	\$11.50

*Specific details about driving record request:*

**B. Motor Vehicle Record Request**

**Vehicle Year & Make:**

**Minn. License Plate #:**

**Vehicle Identification Number:**

- Motor Vehicle Record**
- Certified Motor Vehicle Record**
- Title History**

<b>Payment made out to Driver &amp; Vehicle Services</b>	<b>Requester IS subject of data</b>	<b>Requester is NOT subject of data</b>
Non-Certified Copy	\$9.00	\$9.50
Certified Copy	\$10.00	\$10.50
Vehicle Title History	\$1.00 per printed page, in addition to the record fee.	

*Specific details about motor vehicle request:*

**C. Certification**

**Remember to attach a photocopy of the requester's driver license, government-issued identification card, or signature must be notarized if submitting by mail.**

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

**Certification** I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

**Signature of Requester/Representative: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name of Requester: \_\_\_\_\_

Printed Name of Business: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Record will not be emailed. This is for contact purposes only.*

**Mailing Address to Send Record:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Notary Information**

(If applicable)

Subscribed and sworn before me this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires / /

(Seal) Notary Public Signature \_\_\_\_\_

Requester's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Access to Driver's License and Motor Vehicle records is governed by:**

- Minnesota Statutes, chapters 168.346; 171.12 subd. 7; and 171.12 subd. 7a • United States code title 18, sections 2721-2725 and Minn. Statute, Chapter 13 • Personal information is classified as private data.

**The Department in accordance with Minnesota Statutes, chapter 138.17, will retain this record request.**

**If you require the return of your request with the record, send the original request and a duplicate. The copy will be returned.**

**DVS USE ONLY**

Proof of Requester's Identification	Remarks/Paid Stamp	Fee Charged
<input type="checkbox"/> Driver's License or ID Number _____		\$
<input type="checkbox"/> Other Photo Identification _____		

D. Requester's Information - Please select **one**:

## Authorization:

**PERMISSIBLE USES OF MOTOR VEHICLE DATA AS PROVIDED IN UNITED STATES CODE, TITLE 18, SECTION 2721**

You **must** tell us why you want the records you are requesting. **Sign your initials next to each use under which you claim access.** Driver and Vehicle Services reserves the right to request such additional information as may be necessary to determine whether you qualify for access.

1. _____	The requestor is an employee of a federal, state, or local government agency, or a private person acting on behalf of a federal, state, or local government agency, and the records will be used to carry out the official functions of such federal, state, or local government agency. <i>(Please attach proof of Requestor's authority to act on behalf of a government agency.)</i>		
Name of agency:		Name of agency's contact:	
Telephone number of contact:		Email address of contact:	
2. _____	The records will be used 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. <i>(A written explanation detailing the reasons you contend that you qualify for access under this category must be attached to this Agreement.)</i>		
3. _____	The records will be used in the normal course of business by a legitimate business or its agents, employees, or contractors <b>but only</b> (i) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors, and (ii) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purpose of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. <i>If acting as agent of lienholder, must submit proof of contract with lienholder.</i>		
Name of business:		Name of business's contact:	Business tax ID number:
Telephone number of contact:		Email address of contact:	
4. _____	The records will be used in connection with a civil, criminal, administrative, or arbitral proceeding in federal, state, or local court or agency or before a 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.		
Requestor is (check one): <input type="checkbox"/> attorney <input type="checkbox"/> represented litigant <input type="checkbox"/> pro se litigant <input type="checkbox"/> other (attach explanation)			
Name of court, agency, or self-regulatory body:		Name of involved parties:	Name of court:
Name of case or matter:		Expected forum:	Name of case or matter:
Case/matter number:		Date of occurrence:	Case number:
<input type="checkbox"/> The requestor is an attorney and the records will be used to title a manufactured home in accordance with the process defined in Minnesota Statute § 168A.143.			
5. _____	The records will be used in research activities and for use in producing statistical reports, but the personal information in the records will not be published, re-disclosed, or used to contact the individual. <i>(A written explanation detailing the reasons you contend that you qualify for access under this category must be attached to this Agreement.)</i>		
6. _____	The requestor is an agent, employee, or contractor of an insurer or insurance support organization, and the record will be used in connection with claims investigation activities, anti-fraud activities, rating, or underwriting. <i>(Please attach proof of the Requestor's status.)</i>		
Name of insurer or insurance support organization:		Name of insurer or support organization's contact:	
Telephone number of contact:		Email address of contact:	
7. _____	The records will be used to provide notice to owners (including lienholders) of towed or impounded vehicles.		
Name of towing company:		Minnesota License Number:	
Name of company's contact:		Telephone number of contact:	Email address of contact:

**Authorization:**

**PERMISSIBLE USES OF MOTOR VEHICLE DATA AS PROVIDED IN UNITED STATES CODE, TITLE 18, SECTION 2721**

You **must** tell us why you want the records you are requesting. **Sign your initials next to each use under which you claim access.** Driver and Vehicle Services reserves the right to request such additional information as may be necessary to determine whether you qualify for access.

8. _____	<p>The requestor is a licensed private investigative agency or licensed security service, and the Requestor will use the record for a permitted purpose. <i>(Photocopy of Minnesota Private Investigator's License must be attached. Also, if you claim access under this paragraph, you must initial another paragraph indicating the permitted use, and you must provide any applicable attachments required therein.)</i></p> <table border="1" data-bbox="237 426 1572 562"> <tr> <td data-bbox="237 426 1162 489">Name of private investigative agency or licensed security service:</td> <td colspan="2" data-bbox="1162 426 1572 489">Minnesota license number:</td> </tr> <tr> <td data-bbox="237 489 729 562">Name of agency or service's contact:</td> <td data-bbox="729 489 1162 562">Telephone number of contact:</td> <td data-bbox="1162 489 1572 562">Email address of contact:</td> </tr> </table>	Name of private investigative agency or licensed security service:	Minnesota license number:		Name of agency or service's contact:	Telephone number of contact:	Email address of contact:
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9. _____	<p>The requestor is an employer or its agent or insurer and the records will be used to obtain or verify information relating to a holder of a commercial driver's license that is required under 49 U.S.C. Chapter 313. <i>(Please attach proof of the Requestor's status.)</i></p> <table border="1" data-bbox="237 632 1572 772"> <tr> <td data-bbox="237 632 891 695">Name of employer:</td> <td colspan="2" data-bbox="891 632 1572 695">Name of employer's contact:</td> </tr> <tr> <td data-bbox="237 695 891 772">Telephone number of contact:</td> <td colspan="2" data-bbox="891 695 1572 772">Email address of contact:</td> </tr> </table>	Name of employer:	Name of employer's contact:		Telephone number of contact:	Email address of contact:	
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10. _____	<p>The records will be used in connection with the operation of a private toll transportation facility.</p> <table border="1" data-bbox="237 825 1572 972"> <tr> <td data-bbox="237 825 894 888">Name of private toll transportation facility:</td> <td colspan="2" data-bbox="894 825 1572 888">Licensing entity and number:</td> </tr> <tr> <td data-bbox="237 888 686 972">Name of facility's contact:</td> <td data-bbox="686 888 1138 972">Telephone number of contact:</td> <td data-bbox="1138 888 1572 972">Email address of contact:</td> </tr> </table>	Name of private toll transportation facility:	Licensing entity and number:		Name of facility's contact:	Telephone number of contact:	Email address of contact:
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Name of facility's contact:	Telephone number of contact:	Email address of contact:					
11. _____	<p>For any other use in response to requests for individual motor vehicle records if the state has obtained the express consent of the person to whom such personal information pertains.</p>						
12. _____	<p>For bulk distribution surveys, marketing, or solicitation if the state has obtained express consent of the person whom such personal information pertains.</p>						
13. _____	<p>For any other use specifically authorized under the law of the state that holds the record, if such use is related to the operation of a motor vehicle or public safety.</p> <table border="1" data-bbox="237 1245 1572 1337"> <tr> <td data-bbox="237 1245 1572 1337"><b>List specific statutory authorization:</b></td> </tr> </table>	<b>List specific statutory authorization:</b>					
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*Any additional specifics tied to this request or permissible use to obtain the requested information:*



