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

Print Form

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.

- Payments must be made in U.S. dollar amounts
- Please DO NOT send cash
- If mailing in: **Requester** must include a legible copy of driver license, government issued identification card, or notarized signature.
- For a driving record, complete Section A.
- For a motor vehicle record, complete Section B.
- All requestors must complete Section C
- If you are not the subject of the record request you must complete section D with 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**

Specific details about driving record request:

Payment made out to Driver & Vehicle Services	Requester **IS** subject of data	Requester is **NOT** subject of data
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

B. Motor Vehicle Record Request

Vehicle Year & Make:

Minn. License Plate #:

Vehicle Identification Number:

☐ **Motor Vehicle Record**

☐ **Certified Motor Vehicle Record**

☐ **Title History**

Specific details about motor vehicle request:

Payment made out to Driver & Vehicle Services	Requester **IS** subject of data	Requester is **NOT** subject of data
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.	

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: _____ If applicable, Escrow Account Number: _____

Email Address: _____ Escrow Company Name _____

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 ☐ Driver's License or ID Number _____	Remarks/Paid Stamp	Fee Charged $
☐ 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. *(Please attach proof of Requestor's authority to act on behalf of a government agency.)*

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. *(A written explanation detailing the reasons you contend that you qualify for access under this category **must** be attached to this Agreement.)*

3. _____ The records will be used in the normal course of business by a legitimate business or its agents, employees, or contractors **but only** (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. *If acting as agent of lienholder, must submit proof of contract with lienholder.*

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): ☐ attorney ☐ represented litigant ☐ pro se litigant ☐ 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:

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. *(A written explanation detailing the reasons you contend that you qualify for access under this category **must** be attached to this Agreement.)*

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. *(Please attach proof of the Requestor's status.)*

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:

8. _____	The requestor is a licensed private investigative agency or licensed security service, and the Requestor will use the record for a permitted purpose. *(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.)* 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:
9. _____	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. *(Please attach proof of the Requestor's status.)* Name of employer: | Name of employer's contact: Telephone number of contact: | Email address of contact:
10. _____	The records will be used in connection with the operation of a private toll transportation facility. Name of private toll transportation facility: | Licensing entity and number: Name of facility's contact: | Telephone number of contact: | Email address of contact:
11. _____	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.
12. _____	For bulk distribution surveys, marketing, or solicitation if the state has obtained express consent of the person whom such personal information pertains.
13. _____	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. **List specific statutory authorization:**

Any additional specifics tied to this request or permissible use to obtain the requested information:

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES
445 Minnesota Street,Saint Paul, MN 55101-5161
Phone: (651) 215-1335 TTY: (651) 282-6555 Web: dvs.dps.mn.gov

Print Form

MULTIPLE RECORD SUPPLEMENT - *Attach DVS Records Request (PS2502A)*

1. Driver's License Number..... ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐
   Subject's Name: _____ Date of Birth: _____
   First Middle Last Month / Day / Year
   Plate Number..... ☐☐☐☐☐☐☐☐☐
   Vehicle Identification Number..... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Driver's License Number..... ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐
   Subject's Name: _____ Date of Birth: _____
   First Middle Last Month / Day / Year
   Plate Number..... ☐☐☐☐☐☐☐☐☐
   Vehicle Identification Number..... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. Driver's License Number..... ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐
   Subject's Name: _____ Date of Birth: _____
   First Middle Last Month / Day / Year
   Plate Number..... ☐☐☐☐☐☐☐☐☐
   Vehicle Identification Number..... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

4. Driver's License Number..... ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐
   Subject's Name: _____ Date of Birth: _____
   First Middle Last Month / Day / Year
   Plate Number..... ☐☐☐☐☐☐☐☐☐
   Vehicle Identification Number..... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

5. Driver's License Number..... ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐
   Subject's Name: _____ Date of Birth: _____
   First Middle Last Month / Day / Year
   Plate Number..... ☐☐☐☐☐☐☐☐☐
   Vehicle Identification Number..... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. Driver's License Number..... ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐
   Subject's Name: _____ Date of Birth: _____
   First Middle Last Month / Day / Year
   Plate Number..... ☐☐☐☐☐☐☐☐☐
   Vehicle Identification Number..... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

7. Driver's License Number..... ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐ - ☐☐☐
   Subject's Name: _____ Date of Birth: _____
   First Middle Last Month / Day / Year
   Plate Number..... ☐☐☐☐☐☐☐☐☐
   Vehicle Identification Number..... ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES
445 Minnesota Street,Saint Paul, MN 55101-5161
Phone: (651) 215-1335 TTY: (651) 282-6555 Web: dvs.dps.mn.gov

Print Form

Authorization Form (Grant Access to Record)

Date: _____

I, _____ _____ _____
First Name Middle Name Last Name

hereby authorize _____ _____
First Name Middle Name

_____ to obtain and/or pick up the following item(s) and/or
Last Name

record information from Driver and Vehicle Services:

Record Type:

- ☐ Motor Vehicle
- ☐ Driver's License
- ☐ Accident Record
- ☐ Limited Driver's License
- ☐ Other: _____

Authorizer's Signature X_____

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.