



MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER AND VEHICLE SERVICES

**Driver and Vehicle Services Data Request**

I, \_\_\_\_\_, hereby request the data on file to who  
has queried my driver's license and/or motor vehicle records on the DVS database.

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

License Plate Number(s) \_\_\_\_\_

By checking this box, I request that the above license plate number(s) be queried on the DVS database.

Requested time frame of database query: From \_\_\_\_\_ To \_\_\_\_\_  
*Retention of audit trail data is the current year plus five years.*  
(Month, Year) (Month, Year)

Return data via:  Email \_\_\_\_\_  
(select one) (Email address)

US Mail \_\_\_\_\_  
(Street address, City, State, Zip code)

**Tennessee Notice**

**What is the purpose of supplying the requested information?**

The Department of Public Safety - Driver and Vehicle Services ("DPS-DVS") collects the information on this form to evaluate your request for the data on file on who has queried your driver's license and/or motor vehicle records on the DVS database, and for recordkeeping purposes as required by the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13.

**Am I required to provide the requested information?**

You are not legally required to complete this form.

**What will happen if I do not provide the requested information?**

If you refuse, DPS-DVS will consider your request incomplete and will not be able to fulfill your request.

**Who will have access to the requested information?**

DPS-DVS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provided is classified by 18 United States Code section 2721 and the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, and is subject to the disclosure in accordance with these laws. The information you provide may also be shared upon court order or provided to the state or legislative auditor.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Submit completed form via: Fax: (651) 797-1205

Email: [dvs.datapracticesauditors.dps@state.mn.us](mailto:dvs.datapracticesauditors.dps@state.mn.us)

Mail: DVS Data Services, 445 Minnesota St, Ste. 191, Saint Paul, MN 55101-5191