



Request for Access to Vehicle Records

I. Requester's Information: (Providing daytime phone number is optional.)

Requester's Name: _____ E-Mail: _____

Organization (if applicable): _____ Title: _____

Address: _____ Daytime Phone #: _____

City: _____ State: _____ Zip: _____

II. Record you are requesting: Provide as much information as possible. (See page two, instruction number 2.)

Vehicle registration/title information

Driver's License information

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Make/Model: _____

DL No: _____

Year: _____ Plate No: _____

Date of Birth: _____

VIN: _____

III. Fees: Please submit your payment with this form. (Include a check or money order.)

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|--------------------------|--|-------|-----------------|
| <input type="checkbox"/> | Vehicle Registration Record | (FEE) | \$10.00 |
| <input type="checkbox"/> | Vehicle Title History (microfilm review) | | \$25.00 |
| <input type="checkbox"/> | Certified Title History (microfilm review) | | \$30.00 |
| <input type="checkbox"/> | Vehicle Information for Dealers | | \$1.00 per page |

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|--------------------------|------------------------------------|-------|---------|
| <input type="checkbox"/> | Motor Vehicle Record | (FEE) | \$10.00 |
| <input type="checkbox"/> | Certified Motor Vehicle Record | | \$15.00 |
| <input type="checkbox"/> | Clearance Letters | | \$15.00 |
| <input type="checkbox"/> | Drivers License Folders | | \$20.00 |
| <input type="checkbox"/> | Certified Driver's License Folders | | \$25.00 |

IV. Verification of your eligibility to receive the requested records.

Please review the exceptions listed on the back of this form and fill in the code that corresponds with your request.

Code: _____

If you have selected code "J", indicate the second code that would make you eligible to receive this information. (A licensed private investigative agency or security service can obtain DMV records as long as the request falls within one of the other exceptions listed.)

Second Code: _____

If you have selected code "M", indicate the intended use of the requested record(s). (Anyone can obtain DMV records if the intended use is specifically authorized by Kansas law and is related to the operation of a motor vehicle or public safety.)

V. Signature – Before signing this document, read this section carefully.

Under the Drivers' Privacy Protection Act of 1994, as amended (18 U.S.C. § 2721), personal information obtained by the Kansas Department of Revenue cannot be released unless the request for information falls within one of the exceptions in the Act. Those exceptions are listed on the back of this form.

It is unlawful for personal information to be used for any purpose not permitted under these exceptions. Furthermore, it is unlawful for any person to make false representation in order to obtain personal information from DMV records.

Civil action may be brought against you by the owner of the personal information released. Should this happen, the court may award the following: actual damages of not less than \$2,500.00, punitive damages, reasonable attorney fees, other litigation costs and other preliminary and equitable relief as the court determines to be appropriate.

In addition, Kansas law (K.S.A. 21-3914 and K.S.A. 45-220(c)(2)) prohibits any list of names and addresses derived from public records to be sold, given or received for the purpose of selling or offering for sale any property or service.

I declare that I am eligible and have the express authority to sign for and receive the requested information pursuant to the Federal Drivers' Privacy Protection Act of 1994, as amended. I further declare that any personal information I receive will not be used to sell or offer for sale any property or service.

Requester's Signature: _____ Date: _____

Instructions:

1. Complete this form including signature and date. (You may make copies of this form.)
2. The department will provide records upon a direct match. If you have not provided enough information to establish a direct match, the department will contact you requesting additional information.
3. Provide a completed form for each request. (You may make copies of this form.)
4. Submit the required payment, see front page for fee amounts, by check or money order along with this form to:

<u>For vehicle registration/title records:</u> Kansas Department of Revenue Titles and Registration P.O. Box 2505 Topeka, KS 66601-2505 Phone: (785) 296-3621	OR	<u>Walk in Service Only:</u> Kansas Vehicle Title Services Company, LLC 2127 SW 37 th St. Topeka, KS 66611 Phone: (785) 215-8430	<u>For apportioned vehicle records:</u> Kansas Department of Revenue Motor Carrier Services P.O. Box 12003 Topeka, KS 66601 Phone: (785) 296-6541	<u>For driver's license records:</u> Kansas Department of Revenue Driver Solutions P.O. Box 2021 Topeka, KS 66601-2021 Phone: (785) 296-3671
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5. Make check or money order payable to "Kansas Department of Revenue." Cash or Credit Card services only at Kansas Vehicle Title Services Company, LLC; *additional fees may apply*. No refunds for requests made in error, or requests for records not on file.

Exception codes for completion of section IV on the first page of this form.

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| <p>A. I am requesting my own record.</p> <p>B. I have written consent from the individual to whom the requested information pertains, to obtain records on their behalf. (Please attach form TR/DL 301.)</p> <p>C. I work for or am acting on the behalf of a government agency and am requesting this information to fulfill the functions of that agency.</p> <p>D. I am requesting this information 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.</p> <p>E. I am an employee, agent or contractor of a legitimate business. I am requesting record information in order to verify the accuracy of personal information submitted by the individual in question. If the information I have is incorrect, I am requesting to obtain corrected information. This information will be used to pursue legal remedies against or recover on a debt or security interest against the individual in question.</p> <p>F. I am going to use this information in connection with a civil, criminal, administrative, or arbitral proceeding in a Federal, State, or local court or agency or before a self-regulatory body. This may include the service of process, investigation in anticipation of litigation, and the execution or</p> | <p>enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.</p> <p>G. I am involved in a research project to produce statistical reports. The personal information obtained will not be published, re-disclosed or used to contact the individual in question.</p> <p>H. I am an agent, employee or contractor for an insurer, an insurance support organization or I am self-insured. The information requested will be used in connection with a claims investigation, antifraud activities, rating or underwriting.</p> <p>I. I am requesting record information to provide notice to owners of towed or impounded vehicles.</p> <p>J. I work for a licensed private investigative agency or a licensed security service. (See section IV on the front of this form.)</p> <p>K. I am an employer or an agent or insurer working on the behalf of an employer of licensed commercial drivers. I am requesting records information in order to obtain or verify information relating to a holder of a commercial driver's license.</p> <p>L. I am requesting records of individuals who have given the state the express consent to release personal information by "opting in" their records.</p> <p>M. I will use the information requested in a manner that is specifically authorized by Kansas law and is related to the operation of a motor vehicle or public safety. (See section VI on the front of this form.)</p> |
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