



# INFORMATION REQUEST

CRD-93 (09/01)

Department of Motor Vehicles  
P.O. Box 27412  
Richmond, Va 23269-0001

CCC USE ONLY

Fee
Add Fee

Please type or print clearly. Check one or more boxes to show the type(s) of information desired and provide all requested data.

### REQUESTOR INFORMATION

Name: Last	First	Middle	Organizational Affiliation (if any)
Street Address			Telephone Number ( )
City	State	Zip Code	Federal Tax ID or Social Security Number*
Use Agreement Number (if applicable)			Access Code (if applicable)
Reason for Request (Please be specific)			
I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose.			
Requestor's Signature			Date

**SUBJECT'S PERSONAL INFORMATION** (includes name and address)

Subject's Name Last	First	Middle
Address	City	State Zip Code

**SUBJECT'S DRIVING INFORMATION** (includes license history and conviction data)

Driver's License Numb	OR	Date of Birth
Driver's Authorization (required for employers and others not authorized by Virginia code): I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requestor identified above.		
Driver's Signature		Date

**VEHICLE INFORMATION** (Includes vehicle description and registration data)

Vehicle Identification Number	Vehicle Make	Vehicle Year
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**ACCIDENT REPORT**

Driver's Name	Driver's License Number	Date of Accident
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**OTHER INFORMATION (PLEASE BE SPECIFIC)**

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### DMV Customer Service Center Use ONLY

<b>Proof of Requestor's Identification</b> <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo ID _____	<b>Proof Of Requestor's Organizational Affiliation</b> <input type="checkbox"/> Request on Organization's Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____
<b>If Referred to Headquarters to Fill Request, Complete:</b> Teller's Name _____ Customer Service Center Name (not #) _____	<b>Remarks/Teller Stamp</b> _____ <b>Fee Charged</b> _____

\*Required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§2.1-196, 2.1-731, 2.1-734, et al.