

OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

OHIO BMV RECORD REQUEST FORM

(Ohio Revised Code [R.C.] 4501.15, 4501.27, & 4507.53)

Complete sections 1-5 of this form and provide check or money order payable to: **Ohio Treasurer of State** for applicable fees. Return to: **Ohio Bureau of Motor Vehicles, Attn: BMV Records, P.O. Box 16520, Columbus, Ohio 43216-6520**. Disclosure of the listed information below is **REQUIRED**. Failure to complete all sections may result in this form being returned.

SECTION 1 Requesting Person - Provide <u>your</u> full name, mailing address, and choose how the results of your request should be returned.							
FULL NAME (REQUIRED)							
MAILING ADDRESS (REQUIRED)							
COMPANY NAME (If Applicable)							
STREET ADDRESS	_						
CITY	STATE	ZIP CODE		PHONE NUMBER			
E-MAIL (If email address is illegible, invalid, or unverified, the records will be mailed to the above mailing address)							
How would you like the results of your search returned to you? Choose only one option below . If no mark is present the results will be mailed.							
☐ I would like my results emailed as provided ☐ I would like my results mailed to the				d to the address above			
SECTION 2 Select one of the following options and provide the applicable identifiers.							
OPTION 1							
OPTION 2	person's driving or vehicle(s) re	ord. (Provide th	e applicable iden	tifiers below)			
Note: If requesting records on more than 1 person or vehicle, you may attach additional sheet(s):							
NAME OF OTHER PERSON (If Applicable)							
OHIO DRIVER LICENSE (If Applicable)	DATE OF BIRTH (If Applicable)	ATE OF BIRTH (If Applicable)		SOCIAL SECURITY NUMBER*			
OHIO LICENSE PLATE NUMBER (If Applicable)	VEHICLE IDENTIFICATION NUMB	IDENTIFICATION NUMBER (If Applicable)		OHIO TITLE NUMBER (If Applicable)			
* Social Security number is not required however, to best assist in your search please provide the Ohio BMV with as many identifiers as possible.							
SECTION 3 Mark the type of Certified Ohio BMV Record(s) requested below. (\$5.00 Fee per Record)							
Driving Record Abstract [302] – Provides license class, status, and previous 3 years reported convictions, suspensions, & accident entries.		Vehicle Registration Record [303] – Provides vehicle owner and vehicle information.					
Last Known Address [405] – Provides the most recent address provided to the Ohio BMV for an individual.		Vehicle Title Record – Provides title number & title status and vehicle owner, previous owner, & lien holder information.					
Driver License History [405A] – Provides current and past driver license information to include dates of issuance, endorsements, issuance type, & license cosigner if available.		Vehicle Title Record (Historical Chain of Ownership) – Provides list of vehicles titled to an individual or list of owners of a vehicle to include issuance dates.					
Driving Record History [302] – Provides licer and complete listing of reported convictions,							

SEC Qual		N 4 attion for requesting this information under R.C. 4501.27. Check one below.				
	1.	As an individual requesting own record.				
	2.	2. With written consent of other person. (Attach the original completed, notarized, and signed BMV Notarized Written Consent form 5008)				
	3.	s. For use in connection with the operation of a private toll transportation facility. (Facility name must be listed in Section 1 of this form)				
	4.	For use by any government agency , including any court or law enforcement agency, in carrying out its functions or any private person or entity acting on behalf of a Federal, State or Local agency in carrying out its functions.				
	5.	Pursuant to an order of a court of this state, another state, the United States, or a political subdivision of this state or another state (a subpoena may be used instead of this form). Attach a certified copy of the court order.				
	6.	For use in connection with matters regarding 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, but not limited to, survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. Provide relevant documentation supporting your request.				
	7.	For use specifically authorized by law that is related to the operation of a motor vehicle or to public safety. Attach a copy of the relevant statute				
	8.	3. For use in connection with a civil, criminal, administrative, or arbitral proceeding in a court or agency of this state, another state, the United States, or a political subdivision of this state or another state or before a self-regulatory body, including, but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgment or order (a subpoena or other court order may be used instead of this form). Provide the court and case number, or if the case has not yet been filed, the court in which you anticipate to file.				
		Full Court/Agency Name: Case No.:				
	9.	For use by a licensed private investigative agency or licensed security service for any purpose permitted under Provide your agency license number:				
	10	For use in the normal course of business by me as a legitimate business or an agent, employee, or courses, for one of the two following purposes: (a) To verify the accuracy of personal information submemployee, or contractor by an individual; (b) In case personal information submitted to the business, agent by an individual is incorrect or no longer is correct, to obtain the correct information, for the sole purpose pursuing legal remedies against, or recovering on a debt or security interest against, the individual.	nitted to the business, agent, jent, employee, or contractor			
		Provide your company's tax ID license number:				
Ш	11	. For use by an employer or by the agent or insurer of an employer to obtain or verify information relating to the license or permit that is required under the "Commercial Motor Vehicle Safety Act of 1986", 100 Stat. 3207-1 now or hereafter amended. If available, a minimum of 10 years of information and any medical card i	70, 49 U.S.C. 2701, et seq., as			
		Provide your company's tax ID license number:				
	12	. For use in providing notice to the owner of a towed, impounded, immobilized, or forfeited vehicle.				
		Provide your company's tax ID license number:				
	13	For use by an insurer, insurance support organization, or self-insured entity, or by an agent, employed entity, in connection with a claims investigation activity, anti-fraud activity, rating, or underwriting.				
		Provide your company's tax ID license number:				
SEC Sign		N 5 I date.				
Purs infor reco	uan nati d th	t to R.C. 4501.27, I understand that if I receive personal information from the results of this request, I receive to nexcept as authorized under R.C. 4501.27 and that if I disclose any personal information, I must kee that identifies each person or entity that receives any of the personal information and the permitted purpoon is to be used, and I must make all such records available to the Registrar of Motor Vehicles upon received disclosure may result in civil penalties and fines.	ep for a period of five years a cose for which the			
I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a \$1000 fine.						
SIGN	ATL	JRE (REQUIRED)	DATE			