



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

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

*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.