



REQUEST FOR DRIVER RECORDS

State Form 53789 (R9 / 6-13)

Approved by State Board of Accounts, 2013

Bureau of Motor Vehicles

The Indiana Bureau of Motor Vehicles (BMV) driver and vehicle records are open to the public except those protected by law. Recipients of records must comply with the applicable state and federal privacy laws for usage, distribution, and record keeping.

Many of the BMV public records are immediately available through a subscription to the online service at IN.gov. Your own records are also immediately available online at myBMV.com. Paper copies may be requested by completing this form.

Records will contain only the personal information submitted with the request unless otherwise authorized by law. "Personal information" means anything in the record that identifies a person, including: (1) name; (2) address; (3) driver's license or identification document number; (4) a photograph or computerized image; (5) Social Security number; (6) telephone number; or (7) medical or disability information.

Records will not contain confidential juvenile information, unless you, as the requestor, are the individual to whom the information belongs, or the parent, legal guardian, or authorized representative of that individual. If you otherwise are entitled to confidential juvenile information, you must obtain it from the appropriate court.

STEP 1: Provide the following information for the person completing/submitting this form.

Name of person or business (<i>first name, middle name, last name</i>)	Telephone number	E-mail address
Mailing address (<i>number and street, city, state and ZIP code</i>)		
Last 4 digits of Social Security number (<i>This information is for security purposes only.</i>) XXX-XX-_____	Federal Identification Number, if applicable (<i>This information is for security purposes only.</i>) _____-_____	

STEP 2: Person named in Step 1 is requesting information on the following person.

Name of driver (<i>first name, middle name, last name</i>)	Driver's license number, if known
Last 4 digits of driver's Social Security number, if known XXX-XX-_____	Driver's date of birth (<i>mm/dd/yyyy</i>), if known
Mailing address (<i>number and street, city, state and ZIP code</i>)	

STEP 3: Select the type of record(s) you are requesting.

Certified Driver Record (\$4.00 fee) - Requires 10 business days to process.

Certified Driver History (\$8.00 fee) - Record and photocopies of supporting documents. Requires 2-4 weeks to process.

Specify the documents being requested: _____

Proof of Insurance (\$4.00 fee) - Available 120 days after an accident or a ticket.

Name of vehicle owner: _____

Vehicle: Make _____ Model _____ Year _____ Date of accident or ticket (*mm/dd/yyyy*) _____

Record Containing Confidential Juvenile Information - I am requesting records that contain confidential juvenile information, and:

The record belongs to me. *You must include a copy of your photo identification.*

I am the parent, legal guardian, or authorized representative (i.e., POA, Attorney) of the individual to whom the confidential juvenile information belongs. *You must include a copy of your photo identification.*

STEP 4: If you are requesting PERSONAL information, indicate your qualification to receive the personal information. Please mark only one (1) category per form.

I am requesting my records that contain my personal information.

I am a legal guardian or have power of attorney for the person named in the requested records containing personal information. *Must provide a copy of the documents granting guardianship or power of attorney.*

For any of the **above** categories, please include your (the requestor's):

Indiana driver's license or identification card number _____ *(Or a photocopy of an out-of-state driver's license)*

Last four digits of Social Security number XXX-XX-_____

I am a law enforcement officer requesting: records containing personal information to use for investigation purposes and/or the use of a photograph

Badge number: _____ Law enforcement agency: _____

Name and title of the agency's chief officer (e.g. John Smith, Sheriff): _____

I am an attorney. Attorney number: _____

To obtain records containing additional personal information, an attorney must submit a Third Party Request for Records.

I am an elected government official or a government employee requesting records that (*select one*)

do or **do not** contain more personal information than what I am providing with this request.

Government position: _____; Government entity: _____;

Intended use of the records: _____

STEP 5: Fill in the amount of money owed, then sign and date. I swear or affirm under the penalties of perjury that all of the information on this form is true and accurate.

Total amount owed: _____

Signature

Date (*month, day, year*)

STEP 6: Mail this form and payment to: Indiana Bureau of Motor Vehicles, Attn: Driver Records Requests, 100 N. Senate Ave., N412, Indianapolis, IN 46204.

The BMV will return a copy of your completed request as an acknowledgment that the BMV received your request, is reviewing it and will respond in writing to your request within a reasonable time. The acknowledgement will be returned within 24 hours if the form is submitted in person or seven days if sent to the BMV.

FOR BMV USE ONLY.

Name of BMV/C employee

Central office department

Date received (*month, day, year*)

Initial response date (*month, day, year*)