

INFORMATION REQUEST

CCC USE ONLY

Fee \$
Add Fee \$

Purpose: Use this form to request driving or vehicle information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION				
REQUESTER NAME (last) Tubbs	(first) Linda	(mi) T.	(suffix)	ORGANIZATIONAL AFFILIATION (if any) Big Brothers Big Sisters of Central Virginia Inc.
STREET ADDRESS 2901 Langhorne Road			TELEPHONE NUMBER (434) 528-0400	
CITY Lynchburg	STATE VA	ZIP CODE 24501	FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* 54-0908680	
USE AGREEMENT NUMBER (if applicable) 6554			ACCESS CODE (if applicable) 8061420	
REASON FOR REQUEST (be specific) Personal Use - Volunteer				
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.				
REQUESTER SIGNATURE				DATE (mm/dd/yyyy)

INFORMATION REQUESTED			
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for each type of information requested.			
<input checked="" type="checkbox"/> PERSONAL INFORMATION FOR SUBJECT (Includes name and address)			
SUBJECT NAME (print) (last) Tubbs	(first) Linda	(mi) T.	(suffix)
STREET ADDRESS			
CITY Lynchburg	STATE VA	ZIP CODE 24501	
<input checked="" type="checkbox"/> DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data)			
DRIVER LICENSE NUMBER		BIRTH DATE (mm/dd/yyyy)	
An authorization from subject is 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 requester identified above.			
SUBJECT SIGNATURE			DATE (mm/dd/yyyy)
<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data)			
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR	
<input type="checkbox"/> ACCIDENT REPORT			
DRIVER NAME	DRIVER LICENSE NUMBER	ACCIDENT DATE (mm/dd/yyyy)	

* 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.

<input type="checkbox"/> OTHER INFORMATION (Be specific)

DMV CUSTOMER SERVICE CENTER USE ONLY		
Proof of Requester's Identification	Proof of Requester's Organization Affiliation	
<input type="checkbox"/> Valid Driver's License Number _____	<input type="checkbox"/> Request on Organization Letterhead Stationery	
<input type="checkbox"/> Other Photo Identification _____	<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:	Remarks/CSR Stamp	Fee Charged
CSR Name _____		\$
CSC Name (not CSC number) _____		