DMV-100-TR
REV 05/11

West Virginia Department of Transportation

Division of Motor Vehicles

Request for Vehicle Information

PO Box 17150 • Charleston, WV 25317

Call • 304-926-3909 | Fax • 304-926-3881
www.dmv.wv.gov

A.) Requester Information • *Complete all requested information on form (front and back).*

Name _____ Daytime Telephone ( ) –

Address _____
STREET ADDRESS CITY STATE ZIP

B.) Affidavit of Intended Use • *Please check all sections that apply.*

☐ **1.** For use by any government agency, including court or law enforcement agency in carrying out it's functions, or any private person or entity acting on behalf of a Federal, State or local agency, in carrying out its functions. **The agency making the request must submit a signed letter, on letterhead, explaining why this information is needed.**

☐ **2.** For use in connection with matters of motor vehicle or driver safety; 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 survey research, and removal and non-owner records from the original owner records of motor vehicle manufacturers.

☐ **3.** For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only:
A.) *For the purpose of verifying the accuracy of personal information submitted by the individual to the business or it's agents, employees, or contractors; and*
B.) *If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against the individual; and*
C.) This request must be accompanied by a signed letter, on business letterhead, explaining why this information is needed.

☐ **4.** For use in connection with a civil, criminal, administrative, or arbitral proceeding in any Court or Governmental agency or before a self-regulatory body, including the service of process, the execution or enforcement of judgments and orders, or pursuant to any order of a Federal, State, or Local Court. **All requests must include the court docket number.**

☐ **5.** For use by an insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors in connection with claim investigation activities, anti-fraud activities, rating or underwriting. **All requests must be accompanied by a signed letter, on business letterhead, explaining why this information is needed.**

☐ **6.** For use in providing notice to the owners of towed or impounded vehicles (ex. abandoned vehicles): State _____

Lienholder _____ Initials _____

☐ **7.** For use by any licensed private investigator agency or licensed security service for any purpose permitted by the Uniform Motor Vehicle Records Disclosure Act §17A-2A-7. **All requests must be accompanied by a signed letter, on business letterhead, from the employer listing a court docket number, insurance claim number, or explanation for the request from the government agency employing the service.**

☐ **8.** For use in connection with the operation of private toll transportation facilities.

☐ **9.** Individual request. **Personal information will be redacted on requests about others unless accompanied by written consent.**

YOU MUST COMPLETE THIS FORM ON THE REVERSE SIDE

C.) Vehicle Information Requested • *Please check type of information needed.*

West Virginia Motor Vehicle Code §17A-2A-2 states that all residential information is confidential; therefore, name and address of record holder will be **withheld on individual requests** that do not comply with the Uniform Motor Vehicle Records Disclosure Act. You may not obtain information about others without their signed written consent unless the request is made by a company/business on letterhead and provides a legitimate and detailed reason for the request as defined in the Uniform Motor Vehicles Records Disclosure Act (17A-2A-1 et seq.).

- ☐ **Basic** Vehicle Registration Information **- $1.00**
- ☐ Lien/Basic Vehicle Registration Information - **$5.00**
- ☐ Certified Title File - **$10.00**
- ☐ Title History - **$25.00**
- ☐ Form 62 - Fees and Privilege Tax Paid At Titling - **$5.00**
- ☐ Lien Perfection Information *(Must include Dealer's fax date)* - **$20.00**
- ☐ Title Copy - **$5.00**

FEES COVER THE COST OF RESEARCH AND ARE NON-REFUNDABLE.

D.) Request Details

Year _____ Make _____ Plate _____ VIN _____

Name _____ Address _____

Year _____ Make _____ Plate _____ VIN _____

Name _____ Address _____

Year _____ Make _____ Plate _____ VIN _____

Name _____ Address _____

Year _____ Make _____ Plate _____ VIN _____

Name _____ Address _____

***** For Additional Requests, attach addendum.*****

E.) Requester Signature

I hereby certify that _____ will use the vehicle information requested pursuant to Section §17A-2A-1 et seq. of the West Virginia Code, for the purpose checked on side one, section C only and for no other reason. I/we state that I/we have read and signed this form after its completion, and I/we swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to penalties which shall include punishment or a fine not exceeding $500 or a term of imprisonment not more than six months, or both.

A copy of a driver's license or state issued photo ID MUST be attached. No information will be given without a state issued photo ID. A copy of your request may be forwarded to the record holder.

(X) _____ ____/____/____

SIGNATURE OF REQUESTER DATE