OHIO BUREAU OF MOTOR VEHICLES

RECORD REQUEST

(R.C. 149.43, 4501.15, 4501.27, AND 4507.53)

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under R.C. 4501.27. Disclosure of this information is REQUIRED. **FAILURE** to provide any information will result in this form not being processed.

▸ **This request is being made by (check one):**

☐ **An individual inquiring regarding himself or herself:** (Complete **Part A**) If inquiring in person for information on yourself, you must provide personal information regarding yourself, or prove your identity by presenting your driver license or identification card.

☐ **An individual inquiring regarding another person:** (Complete **Parts A** and **B**) If inquiring regarding another individual, you must attach a notarized BMV Form 5008 giving the written consent of the person. All mail requests without the BMV Form 5008 attached will be returned to the requester.

☐ **Other:** (Check applicable reason for request on **BACK**, and complete **Parts A** and **B**)

▸ **I am requesting the following personal information contained in the Bureau of Motor Vehicles records:**

☐ Driving Record [302]	($2.00)	☐ Title Owner/Lien holder information [304]	($2.00)
☐ Vehicle Registration Record [303]	($1.50)	☐ Certified Owner/Lien holder information [304]	($4.00)
☐ Last Known Address [405]	($2.00)	☐ Copy of Driver License Application [405]	($5.00)

Make check or money order payable to: **Treasurer, State of Ohio**

PART A: Please provide information regarding yourself: ↓ NOTE: SIGNATURE REQUIRED ↓

YOUR NAME (REQUESTER)	DATE OF BIRTH	SIGNATURE DATE	
STREET ADDRESS		COMPANY (IF APPLICABLE)	BMV ACCOUNT NUMBER (IF APPLICABLE)
CITY		STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DRIVER LICENSE NUMBER	LICENSE PLATE NUMBER
VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER	TELEPHONE NUMBER/ FAX NUMBER	

PART B: Request regarding other person(s):

PERSON'S NAME		DATE OF BIRTH
STREET ADDRESS		
CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	LICENSE PLATE NUMBER
VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER	

If requesting information on more than 1 person or vehicle, attach additional sheet(s).
☐ Additional sheet(s) attached

Make check or money order payable to **Treasurer, State of Ohio**. If mailing, return to: **Ohio Bureau of Motor Vehicles, Attn: Record Request, P.O. Box 16520, Columbus, Ohio 43216-6520.** **Results will be mailed to requester.**

BMV 1173 8/02