OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

OBMV RECORD REQUEST

(Ohio Revised Code [O.R.C.] 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 O.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 **Part C**, and complete **Parts A** and **B**)

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

☐ Driving Record [302]	($5.00)	☐ Copy of Title Record	($5.00)
☐ Vehicle Registration Record [303]	($5.00)		
☐ Last Known Address [405]	($5.00)		
☐ Copy of Driver License Application [405A]	($5.00)		

PART A: Please provide current information regarding yourself:		**NOTE: SIGNATURE REQUIRED**		
YOUR NAME (REQUESTER)	DATE OF BIRTH	**SIGNATURE** X		**DATE**
CURRENT STREET ADDRESS		CITY	STATE	ZIP
COMPANY (IF APPLICABLE)		BMV ACCOUNT # (IF APPLICABLE)		
SOCIAL SECURITY #		DRIVER LICENSE #	LICENSE PLATE #	
VEHICLE IDENTIFICATION #	TITLE #		TELEPHONE #/FAX #	

PART B: Request regarding other person(s):			
PERSON'S NAME		DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY #	DRIVER LICENSE #	LICENSE PLATE #	
VEHICLE IDENTIFICATION #	TITLE #		

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 **Ohio Treasurer Josh Mandel**. If mailing, return to: **Ohio Bureau of Motor Vehicles, Attn: Records Request, P.O. Box 16520, Columbus, Ohio 43216-6520.** **Results will be mailed to requester.**

NOTE: An additional $3.50 fee will be charged when submitting this form in person to the Customer Service Center located at 1970 W. Broad St., Columbus, OH 43223.

Part C: I (requester) qualify as checked below, and I am requesting:

1. As an **individual.** (Complete **Part A**, front)

2. _____ A record for use in the normal course of business by me as a **legitimate business** or an agent, employee, or contractor of a legitimate business, for one of the two following purposes: (a) to verify the accuracy of personal information submitted to the business, agent, employee, or contractor by an individual; (b) in case personal information submitted to the business, agent, employee, or contractor by an individual is incorrect or no longer is correct, to obtain the correct information, for the sole purpose of preventing fraud, by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
   My tax identification number is: _____
   My vendor number is: _____
   My professional license number is: _____
   Licensed by (agency): _____

3. With **written** consent. (Complete **Parts A** and **B**, front).

4. _____ Records for bulk distribution for surveys, marketing, or solicitations, where the information will be used, rented, or sold solely for bulk distribution for surveys, marketing, or solicitations;

5. _____ A record for the use of a **government agency**, including, but not limited to, a court or law enforcement agency, in carrying out its functions, or for the use of a private person or entity acting on behalf of an agency of this state, another state, the United States, or a political subdivision of this state or another state in carrying out its functions (a law enforcement agency does not need to fill out this form);

6. _____ A record for use in connection with matters **regarding motor vehicle or driver safety and theft**; 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, but not limited to, survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers;

7. _____ A record for use in connection with a civil, criminal, administrative, or arbitral **proceeding in a court or agency** of this state, another state, the United States, or a political subdivision of this state or another state or before a self-regulatory body, including, but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgment or order (a subpoena or other court order may be used instead of this form). Please provide the court and case number, or if the case has not yet been filed, the court you anticipate to file in _____;

8. _____ A record pursuant to an **order of a court** of this state, another state, the United States, or a political subdivision of this state or another state (a subpoena or other court order may be used instead of this form). Please attach a certified copy of the court order:

9. _____ Records for use in **research** activities or in producing statistical reports, where the personal information will not be published, redisclosed, or used to contact an individual;

10. _____ Records for use by an **insurer**, insurance support organization, or self-insured entity, or by an agent, employee, or contractor of that type of entity, in connection with a claims investigation activity, anti-fraud activity, rating, or underwriting. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency:_____;

11. _____ A record for use in providing notice to the owner of a **towed**, impounded, immobilized, or forfeited vehicle. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency:_____;

12. _____ A record for use by a licensed **private investigative agency** or licensed security service for any purpose permitted under numbers 1 through 15 of this form; my agency license number is:_____;

13. _____ A record for use by an **employer** or by the agent or insurer of an employer to obtain or verify information relating to the holder of a **commercial driver license** or permit that is required under the "Commercial Motor Vehicle Safety Act of 1986", 100 Stat. 3207-170, 49 U.S.C. 2701, et seq., as now or hereafter amended. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency:_____;

14. _____ A record for use in connection with the operation of a **private toll transportation facility**;

15. _____ A record for any other use **specifically authorized by law** that is related to the operation of a motor vehicle or to **public safety.** Please provide a copy of the relevant statute.

16. _____ A record in order to carry out the purposes of either the "Automobile Information Disclosure Act", 72 Stat. 325, 15 U.S.C. 1231-1233, the "Motor Vehicle Information and Cost Saving Act", 86 Stat. 947, 15 U.S.C. 1901, et seq., the "**National Traffic and Motor Vehicle Safety Act of 1986**" 80 Stat. 718, 15 U.S.C. 1381, et seq., the "Anti-Car Theft Act of 1992", 106 Stat 3384, 15 U.S.C. 2021, et seq., or the "Clean Air Act", 69 Stat. 322, 42 U.S.C. 7401, et seq., all as now or hereafter amended, for use in connection with one or more of the following matters: (a) motor vehicle or driver safety and theft; (b) motor vehicle emissions; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles and dealers by motor vehicle manufacturers; (e) removal of non-owner records from the original owner records of motor vehicle manufacturers.

I understand that if I receive personal information under numbers 2, 3, or 5-16 of this form, I may **resell or disclose** the personal information only for uses permitted under numbers 2, 3, or 5-16. I understand that if I receive personal information under number 2-16 of this form, and I **resell or redisclose** any personal information, I must keep for a period of five years a record that identifies each person or entity that receives any of the personal information and the permitted purpose for which the information is to be used, and I must make all such records available to the Registrar of Motor Vehicles upon request.

I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a $1000 fine.

SIGNATURE **X**	DATE