

Create a V-DMV CRD93 “Request for Information”, for every household member over the age of 18. Complete all sections highlighted in yellow, sign, date and return to the Y with your scholarship application. The Y will submit the form(s) to the DMV with payment. There is no cost to the applicant.

The V-DMV CRD 93 “Request for Information”, allows the Virginia Department of Motor Vehicles to provide the Y a list of all vehicles currently registered to the requester.



INFORMATION REQUEST

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

Instructions: Type or print clearly.

| REQUESTER INFORMATION | | |
|--|--|--------------------------------------|
| REQUESTER FULL NAME (last, first, mi, suffix) | FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* | |
| ORGANIZATIONAL AFFILIATION (if any) | TELEPHONE NUMBER () | USE AGREEMENT NUMBER (if applicable) |
| STREET ADDRESS | | ACCESS CODE (if applicable) |
| CITY | STATE | ZIP CODE |
| REASON FOR REQUEST (be specific) (attach additional sheets if necessary) Scholarship eligibility | | |

| SUBJECT INFORMATION | | |
|--|---|-----------------|
| If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available). | | |
| SUBJECT FULL NAME (last, first, mi, suffix) | CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE. | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

| 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 Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible. | |

| DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above) | |
|---|--|
| <input type="checkbox"/> SUBJECT DRIVER LICENSE NUMBER | <input type="checkbox"/> SUBJECT BIRTH DATE (mm/dd/yyyy) |
| or | |
| REASON FOR REQUEST (Check the applicable box) Personal Use, Court, or Attorney Employment, School, or Military Insurance | |
| An authorization from the 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. | |
| <input type="checkbox"/> SUBJECT SIGNATURE | DATE (mm/dd/yyyy) |

| INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above) | | |
|---|--------------|--------------|
| <input type="checkbox"/> VEHICLE IDENTIFICATION NUMBER (VIN) | VEHICLE MAKE | VEHICLE YEAR |

| POLICE CRASH REPORT | |
|---|---|
| IMPORTANT NOTE: The Department may only release a full crash report to a person involved in the crash, or their legal or personal representative, in accordance with Virginia Code §46.2-380. Virginia Code § 46.2-379 permits the Department to release the name and addresses of the drivers, the owners of the vehicles involved, the injured persons, the witnesses, and one investigating officer to an individual authorized by federal or state law to obtain the information. You must supply the applicable federal or state statutory authority as part of your request. | |
| Check one or more boxes to indicate your involvement in the crash: | |
| <input type="checkbox"/> I was a DRIVER | <input type="checkbox"/> I was a PASSENGER |
| <input type="checkbox"/> I am the OWNER of property involved in the crash | <input type="checkbox"/> I legally REPRESENT an involved person |
| <input type="checkbox"/> I am the parent or legal guardian of a <u>minor</u> injured or killed in the crash. | <input type="checkbox"/> I was injured |
| <input type="checkbox"/> I am the next of kin of a person 18 years of age or older who was injured or killed in the crash. | |
| <input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which the person has applied for issuance or renewal of a policy of automobile insurance. | |
| I am applying in accordance with VA Code § 46.2-379, I was NOT involved in the crash AND I do not legally represent an involved person. | |
| The applicable federal or state statutory authority for my requests: _____ | |
| CRASH DATE (mm/dd/yyyy) | CRASH LOCATION (highway or street name) |
| CITY/COUNTY/TOWN WHERE CRASH OCCURRED | DRIVER FULL NAME (last, first, mi, suffix) |
| 1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | DRIVER LICENSE NUMBER |
| 2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix) | |

3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)

4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)

INFORMATION REQUESTED (continued)

| | | | |
|---|---|---------------------------------|--|
| <input type="checkbox"/> DECEDENT PHOTO REQUEST (requester <i>may</i> need to provide proof of death, i.e. copy of death certificate, executor papers, etc.) | | | |
| DECEDENT FULL NAME (last, first, mi, suffix) | | DECEDENT DMV CUSTOMER NUMBER | |
| DECEDENT BIRTH DATE (mm/dd/yyyy) | Requester's relationship to decedent (check one): | <input type="checkbox"/> Spouse | <input type="checkbox"/> Executor |
| | | <input type="checkbox"/> Child | <input type="checkbox"/> Administrator |

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of perspective clients.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law.

| | |
|----------------------------|--------------------------|
| REQUESTER SIGNATURE | DATE (mm/dd/yyyy) |
|----------------------------|--------------------------|

| | |
|---|--|
| <input checked="" type="checkbox"/> | OTHER INFORMATION (Be specific) |
| <p>Please provide make, model and year for all currently licensed vehicles registered in the requester's name and social security number.</p> | |

PAYMENT METHODS

If you are mailing this request, DMV can only accept **check** or **money order** via mail.

| | | | |
|--|--------------------|--|--------------------------|
| <input type="checkbox"/> CHECK Made payable to DMV | ENTER CHECK AMOUNT | <input type="checkbox"/> MONEY ORDER Made payable to DMV | ENTER MONEY ORDER AMOUNT |
|--|--------------------|--|--------------------------|

DMV CUSTOMER SERVICE CENTER USE ONLY

| | | | | | |
|---|---|-------------------|-------------|--|----|
| Proof of Requester's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo Identification _____ | Proof of Requester's Organization Affiliation <input type="checkbox"/> Request on Organization Letterhead Stationery <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: CSR Name _____ CSC Name (not CSC number) _____ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Remarks/CSR Stamp</td> <td style="width:30%;">Fee Charged</td> </tr> <tr> <td></td> <td style="text-align:center; vertical-align: middle;">\$</td> </tr> </table> | Remarks/CSR Stamp | Fee Charged | | \$ |
| Remarks/CSR Stamp | Fee Charged | | | | |
| | \$ | | | | |