

REQUEST FOR VEHICLE INFORMATION

North Dakota Department of Transportation, Motor Vehicle
SFN 51269 (10-2020)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Website: <https://dot.nd.gov>

Payment Information:

- Payment must be submitted with this request.
- Accepted payment methods: check, money order, and credit card.
- To pay by credit card, complete SFN 61787 Credit Card Payment Authorization and submit with this request.
- DO NOT SEND CASH

Fee Information:

- \$3 per vehicle.
- \$3 per request/search if no record found.
- \$25 per hour if extensive research required.

Why are you completing this request?

- I am requesting a copy of my own motor vehicle record. - Complete Sections A, B, and D.
- I am requesting a copy of the motor vehicle record of another person(s). - Complete Sections A, B, C, and D.

A. Identity of Person Requesting Information

Name (Last, First, Middle)		North Dakota Driver's License Number	
Address	City	State	ZIP Code
Email Address		Telephone Number	

A copy of your Driver's License, Identification Card, or valid government issued photo identification must be attached.

B. Motor Vehicle Record Request

What information are you requesting?
Why are you requesting the information?
What information can you provide for us to search by?

C. Personal Information Disclosure

North Dakota Century Code 39-33-05 permits the disclosure of personal information to any person, on proof of identity of the person requesting information and representation that the use of the personal information will be strictly limited to one or more of the following:

You must **sign your initials** next to each personal information exception for which you qualify.

- **Information cannot be released if you input an X or a ✓ instead of signing your initials.**

1. _____	For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or Local Government agency in carrying out its functions.	
	Government agency you represent:	Name of agency contact:
	Telephone number of agency contact:	Email address of agency contact:
2. _____	For use in connection with matters of 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 survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. (A detailed explanation outlining your qualification(s) for access under this exception must be attached.)	
3. _____	For use in the normal course of business by a legitimate business or its agents, employees, or contractors: (a) To verify the accuracy of personal information submitted by the individual to the business or its 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.	
	Name of business you represent:	Name of business contact:
4. _____	Telephone number of business contact:	Email address of business contact:
	For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the executive or enforcement of judgments and orders, or pursuant to an order of any court.	
5. _____	Requestor is (check one): <input type="checkbox"/> Attorney <input type="checkbox"/> Litigant <input type="checkbox"/> Other (attach explanation)	
6. _____	For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. (A detailed explanation outlining your qualification(s) for access under this exception must be attached.)	
7. _____	For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, anti-fraud activities, rating, or underwriting.	
	Insurance agency or entity you represent:	Name of agency or entity contact:
8. _____	Telephone number of agency or entity contact:	Email address of agency or entity contact:
	For use in providing notice to the owner or lienholder of a towed or impounded vehicle.	
9. _____	Name of towing company:	Name of towing company contact:
	Telephone number of towing company contact:	Email address of towing company contact:
	For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section.	
10. _____	Name of licensed private investigative agency or security service:	Name of licensed private investigative agency or security service contact:
	Telephone number of licensed private investigative agency or security service contact:	Email address of licensed private investigative agency or security service contact:

C. Personal Information Disclosure (continued)

9. _____	For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1986 [title XII of Pub. L. 99-570].	
	Name of employer:	Name of employer's contact:
	Telephone number of employer's contact:	Email address of employer's contact:
10. _____	For use in connection with the operation of private toll transportation facilities.	
	Name of private toll transportation facility:	Name of private toll transportation contact:
	Telephone number of private toll transportation contact:	Email address of private toll transportation contact:
11. _____	For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. (A detailed explanation outlining your qualification(s) for access under this exception must be attached.)	
12. _____	Unrestricted or specified use with written consent of the person who is the subject of the information. (Written consent of the person(s) who is/are subject of the information must be attached.)	

D. Signature

In requesting and using this information I acknowledge that this disclosure is subject to the Federal Driver's License Privacy Protection Act (Public Law 103-322) and North Dakota Century Code 39-33. This request is signed and made under the penalties of law.

Name (Type or Print)	Legal Signature (Sign before a Notary Public)
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Acknowledgement

State of _____	
County of _____	
Signed and sworn to (or affirmed) before me on this day _____ (month, day, year)	
Name of Notary Public (Type or Print)	Affix Notary Stamp
Signature of Notary Public	
Commission Expiration Date (if not listed on stamp)	

Submit this request by mail to:
Motor Vehicle Division
ND Dept of Transportation
608 E Boulevard Ave
Bismarck, ND 58505-0780

Required items to include:

- Payment
 - If paying by credit card, include SFN 61787 Credit Card Payment Authorization.
- Copy of Driver's License, Identification Card, or other form of valid, government issued photo identification.
- Supplemental documentation, if required for the personal information exception under which you qualify.
- Signature must be an original, ink-signature and must be notarized.