



Driver Record Request

PLEASE PRINT P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816 • driverlicense@mt.gov • mvdmt.gov

Office Use [3]	1. Requested Information (check one) <input type="checkbox"/> A. Your Driving Record <input type="checkbox"/> B. Another Person's Driving Record Intended Use: To be completed if you check "B" above: <input type="checkbox"/> For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions. You must complete "Consent to Release Driving Record to Another Person or Entity" on next page. <input type="checkbox"/> For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual. <input type="checkbox"/> With written consent of the individual(s) who is/are the subject(s) of this search – The Personal information Express Consent form on page two must be completed. <input type="checkbox"/> For use as a part of the civil, criminal, administrative, or arbitrative proceeding in any court or government agency or before a self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgements and orders, pursuant to an order of any court. <input type="checkbox"/> For use by an insurer, insurance support agency, or self-insured entity about the investigation of claims, antifraud activities, ratemaking, or underwriting. <input type="checkbox"/> For use by a licensed private investigator or security service for any purpose authorized under Montana law. <input type="checkbox"/> For use by an employer or its agent to verify information related to a holder of commercial driver license required under federal or Montana law. <input type="checkbox"/> For use in providing notice to the owners of towed, abandoned, or impounded vehicles. <input type="checkbox"/> For use by a parent of a child under 18 years of age. <input type="checkbox"/> For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana Law. Describe other use: _____
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2. Requester Information			
Name of Requester: _____			
Employer/Company (if applicable): _____	Email _____		
Mailing Address: _____	City _____	State _____	Zip _____
Residential Address: _____	City _____	State _____	Zip _____
Daytime Phone: _____	Fax: _____	FEIN/ Driver License #: _____	State: _____

3. Search Information: This Section must be complete. Full Name: _____ Date of Birth: _____ Driver License #: _____ (optional)	4. Driving Records Fees Make checks payable to: Motor Vehicle Division <input type="checkbox"/> Driving record = \$4.12 per record <input type="checkbox"/> Certified driving record = \$10.30 per record <input type="checkbox"/> Mail record = \$3.09 extra per mailing (unless a self-addresses, stamped envelope is included) <input type="checkbox"/> Digital File Transfer or Fax record = \$3.09 for the first five pages, (provide your fax number in section 2 above) <p style="text-align: right;">Total = \$ _____</p>
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5. Certification: I certify under the penalty of law (§ 45-7-203, MCA Unsworn Falsification to Authorities):

- I have read the Montana driver Privacy Protection Act, § 61-11-501 through § 61-11-516, MCA, and understand that I can only use the information in driving or vehicle records for limited purposes.
- I understand that Montana law § 61-11-509(5), prohibits me from using the data to publish a driver or vehicle owner's personal information, disclose it to a third party, or contact individuals, except for a use that is specifically permitted in § 61-11-507 through § 61-11-509.
- I further understand if I am allowed to provide personal information or highly-restricted personal information that is sold or disclosed to a third party, I must create and maintain records for a period of not less than five years from the date of sale or disclosure that show the name, address, telephone number, and any other identifying information of the third party who bought or received the information and the specific permitted use for which the information was obtained. The records must be produced or made available for inspection at the request of the department.
- I am the person listed as the requester, or if I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.
- A list of persons prepared by a public agency may not be used as a distribution list without first securing the permission of those on the list.
- As used in this section, "distribution list" means any list of personal contact information collected by a public agency and used to facilitate unsolicited contact with individuals on the distribution list.

Signature of requester: _____

Printed Name: _____ Date: _____



Consent to Release Driving Record & Non-identifiable Personal Information Request

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This form authorizes the Department of Justice, Motor Vehicle Division, to release my driving record to another person or entity.

Name on Driving Record: _____

Driver License #: _____ Date of Birth _____

Residing at: _____ City _____ State _____ Zip _____

I hereby authorize the Department of Justice to release my driving record to the following individual or entity:

Name _____

Address: _____ City _____ State _____ Zip _____

I certify under penalty of law (§ 45-7-203, MCA Unsworn Falsification to Authorities):

- I have read the Montana Driver Protection Act, § 61-11-501 through 61-11-516, MCA, and I understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____ Date: _____