

DRIVING RECORDS ARE \$8.00 WHEN PURCHASED AT SECRETARY OF STATE PLUS OR SUPERCENTER BRANCH OFFICES. NO FORMS REQUIRED.

MICHIGAN DEPARTMENT OF STATE - REQUESTING YOUR OWN RECORD

If you are requesting **your own record information, please complete this form.**

If you are requesting records about **someone other than yourself, use form BDVR 154, Record Lookup Request.**

Accurate and complete information will help us locate the record you are requesting. Even if no record is found, you are still responsible to pay the \$7.00 lookup fee for each record requested. Driving records for a driver's personal use show all activity, including accidents where the driver was not at fault. Records produced for insurance, employment, or credit inquiries do not include certain administrative entries or accidents for which the driver did not receive a corresponding court conviction or civil infraction determination.

Section 1. Requestor's Information (Please print or type all information.)

If you require your information faxed or mailed to an address other than what is on your driving record with the Secretary of State, you must complete Section 5 on the reverse side of the form and check this box:

Your Name (First, Middle, Last)		Daytime Telephone Number () -
Current Street Address		
City	State	Zip Code

Section 2. Requesting Your Own Driving Record or Personal Identification Card Information

Michigan Driver's License or Personal Identification Card Number	Date of Birth
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Check boxes that apply:

Driving Record or Personal Identification Card Information for: *(Shows last reported address)*

Original License Issue Date

Current Application

Application History*

Address History*

Other Driving-Related Record(s) _____ Date ____/____/____

(Hearing, Offense, License Status, etc.)

Employment, Credit, or Insurance

Court

Other: _____

For partial histories, please complete: from ____/____/____ to ____/____/____

Section 3. Requesting Your Own Vehicle Record

(If you only need your driving record, leave the vehicle information blank or you will be charged for both records.)

License Plate or Registration Number	Vehicle Year	Make and Model	Vehicle or Hull Identification Number
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Check boxes that apply:

Current Vehicle Owner and Lienholder Information

Registration Information as of ____/____/____

Copy of Current Title Application and Related Forms

Complete Title History*

Complete Registration History*

Partial Title History*

Partial Registration History*

For partial histories, please complete: from ____/____/____ to ____/____/____

Check box if you want: All motor vehicles registered or titled under exact name and address listed in Section 1.**

All other registered or titled assets under exact name and address listed in Section 1.**

* **Buying a complete or partial title, application, and/or address history can be very expensive as records are retained for ten years.** There is a \$7.00 charge for each record lookup. Personal information on individuals other than yourself will be redacted (not revealed) from vehicle history records. If you need personal information on previous vehicle owners, you need to complete a BDVR-154 "Record Lookup Request" form.

** For address searches not listed in Section 1, you will need to attach additional information and/or instructions. You will be charged for each record located. You will also be charged a lookup fee for any address search that finds no vehicles and/or assets at an address listed.

For Office Use Only

Section 4. Payment Method (Payment or credit card billing information must be included.)

The cost for each record looked up is \$7.00. Each certified record provided is \$8.00. Certified records will not be faxed.

If "no record" is found, you are still responsible to pay \$7.00 for each record lookup.

<input type="checkbox"/> Check or Money Order (Payable to "State of Michigan")	<input type="checkbox"/> Certified record needed (\$1.00 additional per record)
Name on Credit Card (PLEASE PRINT)	Credit Card <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Credit Card Account Number	Expiration Date
If paying by credit card, I authorize charging the total amount to my credit card.	
X _____ Signature of Cardholder	____ / ____ / ____ Date

Section 5. Special Delivery Instructions

If you want the record(s) sent to another person or company, complete this section. If address is the same as on the front, leave this section blank.

Please Fax Mail my record(s) as indicated below. { If the record is faxed and mailed, you will be charged for each delivery method. Certified records will not be faxed.

Name	Attention (if required)	
Mailing Address	Daytime Telephone Number () -	Fax Number () -
City	State	Zip Code

Explain the reason why you need the record(s) sent to another person or to a company:

Section 6. Requestor Certification (This section must be completed or request will not be processed.)

Explain the reason why you are requesting your own record information:

I certify that I am requesting my own record information.

X _____
Signature of Requestor – form must be signed or request will not be processed.

____ / ____ / ____
Date

Penalties for Misuse: Under Michigan law, a person who makes a false representation or a false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine of up to \$15,000.

Mail your completed request to:

Michigan Department of State
Record Lookup Unit
7064 Crowner Drive
Lansing, Michigan 48918-1540

Call 517.322.1624 for help in completing this form.
Completed requests may be faxed to 517.322.1181 but must be charged to a credit card.

