

## KENTUCKY TRANSPORTATION CABINET **DIVISION OF MOTOR VEHICLE LICENSING**

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## REQUEST FOR MOTOR VEHICLE OR BOAT RECORD THAT INCLUDES PERSONAL INFORMATION

Driver's Privacy Protection Act of 1994, Section 2721

Mail to: PO Box 2014, Frankfort KY 40601-2014  Note: Title records older than five years are not available.			
I,	on behalf of	he	reby request the following:
Title History	Current Owner		'Specify.)
VIN or HIN #	Title	License	Plate
	be used for the following pur sted (VIN, title number, or license Kentucky State Treasurer.	- — —	on-Commercial is completed form. Make check
Please place initials beside y	our selection:		
verify the accuracy of per contractors; and (b) if suc	irse of business by a legitimate bursonal information submitted by the information as so submitted is the purpose of preventing fraud the individual.	ne individual to the business or its not correct or is no longer correct,	agents, employees, or to obtain the correct
For use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or			
agency before any self-regulatory body, or in pursuant to an order of a federal, state, or local court.			
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, antifraud activities, rating, or underwriting.			
For use by any licensed investigative agency or licensed security service for any purpose permitted under this federal law.			
the information pertains.			
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.			
disclose personal information f that this release of information takes full responsibility for any		ny use not permitted under Secti cked above and will be used only	on 721 (b) of the Act. I certify as indicated. The undersigned
Printed name of person making request		Agency or Company (if applicable)	
Signature	Date	Address	
STATE OF			
COUNTY OF		City	State Zip
Attested before me on this _	day of20	Email Address  DL#	Phone
Notary/Attesting Official Sign	ature and Title	Federal ID # OR State of Issuan	ice
My commission #:	Expiration:/	/	
FOR MVL USE ONLY:	Date Processed	Fees Collected	Clerk's Initials