



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES  
**OHIO BMV RECORD REQUEST FORM**  
(Ohio Revised Code [R.C.] 4501.15, 4501.27, & 4507.53)

Complete sections 1-5 of this form and provide check or money order payable to: **Ohio Treasurer of State** for applicable fees. Return to: **Ohio Bureau of Motor Vehicles, Attn: BMV Records, P.O. Box 16520, Columbus, Ohio 43216-6520.** Disclosure of the listed information below is **REQUIRED**. Failure to complete all sections may result in this form being returned.

<b>SECTION 1</b> Requesting Person - Provide <u>your</u> full name, mailing address, and choose how the results of your request should be returned.			
FULL NAME (REQUIRED)			
<b>MAILING ADDRESS (REQUIRED)</b>			
COMPANY NAME (If Applicable)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
E-MAIL (If email address is illegible, invalid, or unverified, the records will be mailed to the above mailing address)			
How would you like the results of your search returned to you? <b>Choose only one option below.</b> If no mark is present the results will be mailed.			
<input type="checkbox"/> I would like my results emailed as provided		<input type="checkbox"/> I would like my results mailed to the address above	

Provide your contact information HERE

How do you want to receive? Select only one

<b>SECTION 2</b> Select one of the following options and provide the applicable identifiers.		
<b>OPTION 1</b>	<input type="checkbox"/> I am requesting my driving or vehicle(s) record. (Provide your applicable identifiers below; no name required)	
<b>OPTION 2</b>	<input type="checkbox"/> I am requesting another person's driving or vehicle(s) record. (Provide the applicable identifiers below)	
Note: If requesting records on more than 1 person or vehicle, you may attach additional sheet(s):		<input type="checkbox"/> Check if attaching additional sheet(s)
NAME OF OTHER PERSON (If Applicable)		
OHIO DRIVER LICENSE (If Applicable)	DATE OF BIRTH (If Applicable)	SOCIAL SECURITY NUMBER*
OHIO LICENSE PLATE NUMBER (If Applicable)	VEHICLE IDENTIFICATION NUMBER (If Applicable)	OHIO TITLE NUMBER (If Applicable)
* Social Security number is not required however, to best assist in your search please provide the Ohio BMV with as many identifiers as possible.		

Employer, provide identifiers for employee. If there are multiple records needed check the box and provide a list with identifies. **YOU DO NOT NEED TO COMPLETE A BMV 1173 FOR EVERY RECORD**

There is a \$5.00 charge for each record

Check 'Driving Record History'

<b>SECTION 3</b> Mark the type of Certified Ohio BMV Record(s) requested below. (\$5.00 Fee per Record)	
<input type="checkbox"/> <b>Driving Record Abstract [302]</b> – Provides license class, status, and previous 3 years reported convictions, suspensions, & accident entries.	<input type="checkbox"/> <b>Vehicle Registration Record [303]</b> – Provides vehicle owner and vehicle information.
<input type="checkbox"/> <b>Last Known Address [405]</b> – Provides the most recent address provided to the Ohio BMV for an individual.	<input type="checkbox"/> <b>Vehicle Title Record</b> – Provides title number & title status and vehicle owner, previous owner, & lien holder information.
<input type="checkbox"/> <b>Driver License History [405A]</b> – Provides current and past driver license information to include dates of issuance, endorsements, issuance type, & license cosigner if available.	<input type="checkbox"/> <b>Vehicle Title Record (Historical Chain of Ownership)</b> – Provides list of vehicles titled to an individual or list of owners of a vehicle to include issuance dates.
<input type="checkbox"/> <b>Driving Record History [302]</b> – Provides license class, driving status, and complete listing of reported convictions, suspensions, & accidents.	

**SECTION 4**

Qualification for requesting this information under R.C. 4501.27. Check one below.

- 1. As an individual requesting own record.
- 2. With written consent of other person. (Attach the original completed, notarized, and signed **BMV Notarized Written Consent form 5008**)
- 3. For use in connection with the operation of a private toll transportation facility. (Facility name must be listed in Section 1 of this form)
- 4. 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 agency in carrying out its functions.
- 5. Pursuant to an order of a court of this state, another state, the United States, or a political subdivision of this state or another state (a subpoena may be used instead of this form). Attach a certified copy of the court order.
- 6. For use in connection with matters regarding 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, but not limited to, survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. Provide relevant documentation supporting your request.
- 7. For use specifically authorized by law that is related to the operation of a motor vehicle or to public safety. Attach a copy of the relevant statute.
- 8. For use in connection with a civil, criminal, administrative, or arbitral proceeding in a court or agency of this state, another state, the United States, or a political subdivision of this state or another state or before a self-regulatory body, including, but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgment or order (a subpoena or other court order may be used instead of this form). Provide the court and case number, or if the case has not yet been filed, the court in which you anticipate to file.  
Full Court/Agency Name: \_\_\_\_\_ Case No.: \_\_\_\_\_
- 9. For use by a licensed private investigative agency or licensed security service for any purpose permitted under division (B) (2) of R.C. 4501.27. Provide your agency license number: \_\_\_\_\_
- 10. For use in the normal course of business by me as a legitimate business or an agent, employee, or contractor of a legitimate business, for one of the two following purposes: (a) To verify the accuracy of personal information submitted to the business, agent, employee, or contractor by an individual; (b) In case personal information submitted to the business, agent, employee, or contractor by an individual is incorrect or no longer is correct, to obtain the correct information, for the sole purpose of preventing fraud, by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.  
Provide your company's tax ID license number: \_\_\_\_\_
- 11. For use by an employer or by the agent or insurer of an employer to obtain or verify information relating to the holder of a commercial driver license or permit that is required under the "Commercial Motor Vehicle Safety Act of 1986", 100 Stat. 3207-170, 49 U.S.C. 2701, et seq., as now or hereafter amended. If available, a minimum of 10 years of information and any medical card information will be provided.  
Provide your company's tax ID license number: \_\_\_\_\_
- 12. For use in providing notice to the owner of a towed, impounded, immobilized, or forfeited vehicle.  
Provide your company's tax ID license number: \_\_\_\_\_
- 13. For use by an insurer, insurance support organization, or self-insured entity, or by an agent, employee, or contractor of that type of entity, in connection with a claims investigation activity, anti-fraud activity, rating, or underwriting.  
Provide your company's tax ID license number: \_\_\_\_\_



Employers, check box 13 and make sure to include the TAX ID number of the company. If record request is for yourself, also check box 13 and provide your SSN or Tax ID number.

**SECTION 5**

Sign and date.

Pursuant to R.C. 4501.27, I understand that if I receive personal information from the results of this request, I may not disclose that information except as authorized under R.C. 4501.27 and that if I disclose any personal information, I must keep for a period of five years a record that identifies each person or entity that receives any of the personal information and the permitted purpose for which the information is to be used, and I must make all such records available to the Registrar of Motor Vehicles upon request. I understand that any unauthorized disclosure may result in civil penalties and fines.

I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a \$1000 fine.

SIGNATURE (REQUIRED)	DATE
X	

Employer or driver signature required

