

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.**

Fill in as much information about your request as possible. 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 \$7.00 for each record requested.** Please include a daytime telephone number in case we have questions about your request.

Driving records produced for courts, law enforcement, or a driver's personal use show all actions, including accidents where the driver was not at fault. Records produced for insurance, employment, or credit inquiries are edited and do not include minor administrative entries or accidents for which the driver did not receive a ticket and a corresponding court conviction or civil infraction determination.

Section 1. Mailing Information

If you require your information to be mailed to an address other than your address of record with the Secretary of State, please complete Section 5 on the reverse side of the form and check this box:

Your Name (First, Middle, Last)	Daytime Telephone Number () -
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Residence Mailing Address

City	State	Zip
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Section 2. Requesting Your Own Driving Record

My Michigan driver's license number is		My date of birth is
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Check boxes that apply:

- I want my driving record for my own use (**complete record**).
- I want my driving record for employment, insurance, or credit purposes (**edited record**).
- I want my complete address history.*
- I want my partial address history 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, Hull, or Serial Identification Number

- | | |
|--|--|
| <input type="checkbox"/> Lienholder Information | <input type="checkbox"/> Copy of Current Title Application and Related Forms |
| <input type="checkbox"/> Copy of Current Registration | <input type="checkbox"/> Complete Title History* |
| <input type="checkbox"/> Partial Registration History* | <input type="checkbox"/> Partial Title History* |

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

* **Buying a complete or partial title, application, and/or address history can be very expensive.** There is a \$7.00 charge for each record. Also, vehicle history records containing information on individuals other than yourself will not be revealed. If this information is needed and you have a valid permissible reason, you need to complete a BDVR-154 "Record Lookup Request" form.

For Office Use Only

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

The cost for each driving or vehicle record is \$7.00. For each certified record, the cost is \$8.00.

All requests that return a result of "No record found" **will incur a charge.**

<input type="checkbox"/> Check or Money Order (Payable to "State of Michigan")		<input type="checkbox"/> Certified record needed (<i>\$1.00 additional per record</i>)	
Name on Credit Card (<i>PLEASE PRINT</i>)		Credit Card <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Account Number		Expiration Date	
<p>If paying by credit card, I authorize charging the total amount on my account.</p> <p>X _____ / ____ / ____ <i>Signature of Cardholder</i> <i>Date</i></p> <p>I certify that I am requesting my own record.</p> <p>X _____ / ____ / ____ <i>Signature of Requestor – form must be signed or request will not be processed.</i> <i>Date</i></p>			

Section 5. Special Mailing InstructionsIf you want your record(s) sent to another person or to a company, complete this section. Your record will be sent as you direct. A copy will **not** be sent to your address of record.Please send my record(s) to the following address (*if same as on the front, leave this section blank*):

Name	Attention (<i>if required</i>)	
Mailing Address		
City	State	Zip

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

I hereby request that the Michigan Department of State provide information about me to the designee listed above.

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

Warning: Under Michigan law, a person who makes a false representation or false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in the Michigan Driver Privacy Protection Act (DPPA, 1997 PAs 99 - 102, as amended) is guilty of a felony, which may be punishable by imprisonment of up to 15 years, or a fine of up to \$15,000, or both.

Mail your completed request with payment or credit card information 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**. For fax requests, **payment must be charged to a credit card account.**

BDVR - 153



www.Michigan.gov/sos

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