



**GOVERNMENT/LAW ENFORCEMENT APPLICATION FOR RECORD INFORMATION**

A. Requester Name \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ ORI # (if applicable) \_\_\_\_\_

B. INFORMATION REQUESTED (Please mark appropriate box and fill out corresponding section)

**Driver's License Information:**

- Certification (S2)  Research (S3) (Must be requested with a Driver's History Record)
- Driver's License Info (D1)  Clearance Letter (D3)

**Driver's History Record (D2) Select one:**

- 3-Year History  10-Year History (Released to individual & law enforcement only)  School Bus History
- Original issue date requested (Must be requested with a Driver's History Record)
- Handicap Placard Information

When requesting any of the above information, please provide the following identifying information:

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 NV address \_\_\_\_\_  
 NV Driver's License No \_\_\_\_\_ Social Security No \_\_\_\_\_

**Vehicle Information:**

- Certification (S2)  Research (S3)
- Vehicle Registration Printout (V1)  Insurance Information
- Title Verification Letter (S4)  Tax Information Receipt
- Vehicle Title Printout (V2)  Plate Surrendered Receipt or Letter
- Vehicle History (Specify registration or title)  Registration (V3a)  Title (V3b)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle Identification Number (VIN)

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C. FOR WHAT PURPOSE IS THIS INFORMATION NEEDED?

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I hereby declare under penalty of perjury that the information received will not be used for an illegal purpose or unwarranted invasion of a particular person's privacy nor will I release or sell any information received through this application to any other party for use by such party.

I agree to indemnify and hold the state of Nevada, Department of Motor Vehicles, its agents and employees from any all claims, causes of action, or liability arising from the careless, negligent or improper use by myself, my agents, of any of the information received under this application.

\_\_\_\_\_  
 Signature of Requester Date

(Request for information will not be processed without the signature of the requesting party.)

(Please submit request for information along with a written request on Agency letterhead that states, "For Official Use Only.")