Central Services Records Section
555 Wright Way
Carson City, Nevada 89711-0250
(775) 684-4590
www.dmvnv.com

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)

C. FOR WHAT PURPOSE IS THIS INFORMATION NEEDED?

_____
_____
_____

* * * *

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.")