

REQUEST FOR MOTOR VEHICLE RECORDS

INSTRUCTIONS:

- This Request for Motor Vehicle Records must be completed and approved before a Requestor can obtain personal information or highly restricted personal information. **Only Requestors who meet the criteria outlined in Part C, or Requestors who are requesting their own records, are eligible to obtain such information.** This agreement must be completed with all required attachments before information about an Iowa vehicle or driver record can be obtained.
- The Requestor must attach a legible photocopy of his or her driver's license or non-driver identification card.
- If applicable, payment must be included with this request.
- If you are requesting your own record(s), you only need to complete Part A, Part B, and Part D.

This is a one-time request for the following: *(please check all that apply)*

- Certified Driving Record
 Motor Vehicle Record
 Other *(please explain)*

I am requesting the record of another person and I do not qualify for records under Part C. I have included the record owner's notarized written consent, or the record owner's written consent accompanied by a copy of the owner's driver's license or ID card.

PART A. REQUESTOR INFORMATION *(This section must be completed.)*

Name of Requestor (Last)		(First)		(Middle Initial)	
Address			Driver License or Non-Driver ID Number		
City		State		ZIP Code	
Work Email Address		Telephone Number () - -		Fax Number () - -	
Requestor is an Authorized Representative of (List Name of Person or Entity)				D-	
				List dealer number if dealership	
Person/Entity Address			City		State
					ZIP Code

PART B. INFORMATION REQUESTED *(Provide as much information as possible about whose record you are requesting.)*

Name (Last)		(First)		(Middle Initial)	
Address		City		State	
				ZIP Code	
Driver License/Non-Driver ID Number		Date of Birth		Social Security Number	
				Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Year and Make of Vehicle		Vehicle Title Number			
License Plate Number		Vehicle Identification Number (VIN)			

PART C. USE

The Driver's Privacy Protection Act of 1994 (DPPA), 18 U.S.C. §§ 2721-2725, and Iowa Code section 321.11 regulate access to motor vehicle records. You must tell us why you want the records you are requesting. **Sign your initials next to each use under which you claim access.** The county reserves the right to request such additional information as may be necessary to determine whether you qualify for access.

1. _____	I am an employee of a federal, state, or local government agency, or a private person acting on behalf of a federal, state, or local government agency, and the records will be used to carry out the official functions of such federal, state, or local government agency. (Attach proof of your authority to act on behalf of a government agency).		
	Name of agency:		Name of agency's DPPA contact:
	Phone number of DPPA contact:		Email address of DPPA contact:
2. _____	The records will be used in connection with a civil, criminal, administrative, or arbitral proceeding in federal, state, or local court or agency or before a self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, or local court. (Attach proof of the Requestor's status (e.g., the Judicial Branch's proof of active status) and court order, if applicable).		
	Requestor is (check one): <input type="checkbox"/> attorney <input type="checkbox"/> represented litigant <input type="checkbox"/> pro se litigant <input type="checkbox"/> other (attach explanation)		
	If currently involved in a proceeding:	If anticipating litigation or proceedings:	If pursuant to a court order:
	Name of court, agency, or self-regulatory body:	Name of involved parties:	Name of court:
	Name of case or matter:	Expected forum:	Name of case or matter:
	Case/matter number:	Date of occurrence:	Case number
3. _____	I am an agency, employee, or contractor of an insurer or insurance support organization and the record will be used in connection with claims investigation activities, anti-fraud activities, rating, or underwriting. (Attach proof of your status/employment.)		
	Name of insurer or insurance support organization:		Name of organization's DPPA contact:
	Phone number of DPPA contact:		Email address of DPPA contact:
4. _____	I am an employer, or its agent or insurer and the records will be used to obtain or verify information relating to a holder of a commercial driver's license that is required under 49 U.S.C. Chapter 313. (Attach proof of your status/employment.)		
	Name of employer:		Name of employer's DPPA contact:
	Phone number of DPPA contact:		Email address of DPPA contact:
5. _____	The records will be used in connection with matters of 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 research activities, including survey research, and removal of non-owner records from the original owner records of motor vehicle manufacturers. (Attach a written explanation detailing your qualifications to access records under this category.)		
6. _____	The records will be used in connection with matters of 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 research activities, including survey research, and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of Title I and IV of the Anti-Car Theft Act of 1992, the Automobile Information Disclosure Act (15 U.S.C. § 1231, et seq.), the Clean Air Act (42 U.S.C. § 7401, et seq.), and Title 49 chapters 301, 305, and 321-331. (Attach a written explanation detailing your qualifications to access records under this category.)		
7. _____	The records will be used to provide notice to owners (including lienholders) of towed or impounded vehicles.		
	Name of towing company:		Iowa license number:
	Company's DPPA contact:	Phone number of DPPA contact:	Email address of DPPA contact:

PART C. USE (continued)

8. _____	The records will be used in the normal course of business by a legitimate business or its agents, employees, or contractors but only (i) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors, and (ii) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purpose of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual.		
	Name of business:	Name of business's DPPA contact:	Business tax ID number:
	Phone number of DPPA contact:		Email address of DPPA contact:
9. _____	The records will be used in research activities and for use in producing statistical reports, but the personal information in the records will not be published, re-disclosed, or used to contact the individual. (Attach a written explanation detailing your qualifications to access records under this category.)		
10. _____	I am a licensed private investigative agency or licensed security service and will use the record for a permitted purpose. Photocopy of Iowa Private Investigator's License must be attached. Also, if you claim access under this paragraph, you must initial another paragraph indicating the permitted use, and you must provide any applicable attachments required therein.)		
	Name of private investigative agency or licensed security service:		Iowa license number:
	Name of agency or service's DPPA contact:	Phone number of DPPA contact:	Email address of DPPA contact:
11. _____	The records will be used in connection with the operation of a private toll transportation facility.		
	Name of private toll transportation facility:		Licensing entity and number:
	Name of facility's DPPA contact:	Phone number of DPPA contact:	Email address of DPPA contact:

Penalty: Title 18, United States Code, section 2723 provides that anyone who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under 18 U.S.C. § 2721, shall be liable to the individual to whom the personal information pertains, including an award of the greater of actual damages or liquidated damages of \$2,500.00 for each violation, punitive damages upon proof of willful or reckless disregard of the law, reasonable attorneys' fees and other litigation costs, and such other equitable relief as the court may order. Anyone requesting the disclosure of personal information who misrepresents his or her identity or makes a false statement in connection with any request for personal information with the intent to obtain personal information in a manner not authorized by law shall be subject to criminal prosecution.

PART D. CERTIFICATION (This section must be completed)

By **signing** the Motor Vehicle Record Request Form and **initialing** each item below, I, the Requestor, certify that:

_____ 1. I am familiar with all provisions of the federal Driver Privacy Protection Act of 1994, 18 U.S.C. §§ 2721-2725, and Iowa Code section 321.11, which limit access to personal information and highly restricted personal information.

_____ 2. I understand that "personal information" means information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. I further understand that "highly restricted personal information" means an individual's photograph or image, social security number, and medical or disability information.

_____ 3. I will abide by the terms of federal and state law, including, but not limited to, those laws restricting access to personal information and highly restricted personal information from the _____ motor vehicle records only to those persons and for those purposes which are permitted under both laws, and for no other purpose.
(Name of county office)

_____ 4. I understand that I am prohibited from re-disclosing the information I obtain from the _____ pursuant to this Agreement, except in accordance with applicable law.
(Name of county office)

_____ 5. I will keep a record for five (5) years of the following: (1) all persons to whom I re-disclose, or re-sell information obtained under this Agreement, and (2) the purpose for which the information is to be used. I agree to make such records available to the _____ upon request.
(Name of county office)

_____ 6. I shall be liable for, and shall indemnify, defend, and hold harmless the _____, its agents, officers, and employees for any misuse or misappropriation of any personal information in a record obtained from the _____ in connection with this Agreement, including misuse or misappropriation by any of my employees, servants, agents, or contractors.
(Name of county office)

_____ 7. I shall further indemnify, defend, and hold harmless the _____, its agents, officers, and employees, for and against all losses, damages, judgments, liabilities, or similar costs and expenses which arise in whole or in part out of my acts or omissions with respect to the laws restricting access to and disclosure of motor vehicle records including, without limitation, reasonable attorneys' fees and all other costs of defending against such action or claim.
(Name of county office)

_____ 8. I have attached a legible photocopy of my driver's license or non-driver identification card.

_____ 9. In executing this Agreement, I am acting as an employee, agent, officer, conservator, attorney-in-fact, or other representative or official capacity for another person or entity. I have proper authority to execute this Agreement on behalf of such person or entity, and to bind such person or entity to the requirements of this Agreement, including, but not limited to, the requirements of paragraphs 3, 4, 5, 6, and 7 of this Part D. My execution of this Agreement is my free and voluntary act and the free and voluntary act of such person or entity, and so binds such person or entity. (If you do not have proper authority to execute this Agreement on behalf of such person or entity, do not initial this paragraph and do not execute this Agreement. The Agreement should be executed on behalf of another person or entity only by a person with the proper authority to do so. If you initialed this paragraph, you must provide your title or representative/official capacity on the line below.)

Title or representative/official capacity: _____

The _____ reserves the right to request additional information to determine proper authority to execute and enter into this agreement.
(Name of county office)

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that all information completed and contained in Parts A, B, C, D, and any attachments hereto, is true and correct.

I so certify this _____ day of

_____, 20____

Requestor's Signature

Please Print Requestor's Full Name