



REQUEST FOR MOTOR VEHICLE OR BOAT RECORD
THAT INCLUDES PERSONAL INFORMATION
In compliance with KRS 61.874 & 601 KAR 2:020(6)

Mail to: PO Box 2014, Frankfort KY 40601-2014

Note: Title records older than five years are not available.

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ hereby request the following:

Title History Current Owner Other (Specify.) \_\_\_\_\_

VIN or HIN # \_\_\_\_\_ Title # \_\_\_\_\_ License Plate # \_\_\_\_\_

The requested records are to be used for the following purpose: Commercial Non-Commercial

REQUIRED FEES: \$3.00 per record for a Commercial Request; \$0.10 per page plus mailing cost for a Non-Commercial Request (VIN, title number, or license plate number is required). Make check or money order payable to the Kentucky State Treasurer.

Place initials beside selection:

- For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only: (a) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and (b) 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.
For use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency before any self-regulatory body, or in pursuant to an order of a federal, state, or local court.
For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting.
For use by any licensed investigative agency or licensed security service for any purpose permitted under this federal law.
For use by any requester, if the requester demonstrates he/she has obtained the written consent of the individual to whom the information pertains.
For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals.

I certify that the requested information is permissible for the reason initialed above and will be used only as indicated. The undersigned takes full responsibility for any violations.

Check ONE box below to indicate status. (A valid ID number is required.)

- I am acting on behalf of the business named above. The business federal employer identification number (FEIN) is \_\_\_\_\_.
I am an individual with a valid driver license. My license number is \_\_\_\_\_.
I am an individual who does NOT have a valid driver license. My state ID number is \_\_\_\_\_.

Address City State Zip
Phone # (including area code) Email Address Check box if information is to be returned by email.

Printed Name of Agency/Company/Individual Applicant Signature Date

Subscribed and attested before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
My commission number is \_\_\_\_\_ and expires on \_\_\_\_\_.
Notary Printed Name & Title \_\_\_\_\_ Signature \_\_\_\_\_