

New Jersey Motor Vehicle Commission  
Business & Government Services  
225 East State Street  
P.O. Box 146  
Trenton, NJ 08666-0146  
609-292-4102

A separate form must be completed for each record requested. You may photocopy this form for your convenience; however, each request must bear an original signature of the applicant. **No other form of request will be accepted.** For applicants other than official Government use, the proper fee(s) must accompany each request in the form of a check or money order payable to: "New Jersey Motor Vehicle Commission." **DO NOT SEND CASH. Please note that the turnaround time is approximately 3-4 weeks.**

\*If you have any questions or need to obtain the status of a request sent by mail, please call 609-292-4102.

**ALL APPLICANTS MUST COMPLETE SECTIONS A,B,D OF THIS FORM AND C, IF APPLICABLE. (Please print clearly)**

**FEE: \$15 PER RECORD SEARCH**

SECTION A – Applicant’s Information		
Applicant’s Name:		Your File or Claim #:
Applicant Type: <input type="checkbox"/> Individual/Business <input type="checkbox"/> Government/Law Enforcement Entity		Phone #:
Business or Government/Law Enforcement Entity Name (if applicable)		
Street Address:		
City:	State:	ZIP Code:
Applicant Driver License or Government Issued ID Number (Please include a photocopy of your ID):		
For Government or Law Enforcement Applicants: Please include a photocopy of your current Government issued Identification Card. Otherwise, include a photocopy of your Driver License or a photocopy of a Passport, Birth Certificate, or any valid state or federally issued ID.		
SECTION B – Information Requested (You <b>MUST</b> provide either a plate number or a VIN / HIN)		
New Jersey License Plate Number:		Vehicle /Hull Identification Number (VIN / HIN):
Please indicate the information that you require (You may select more than one)	<input type="checkbox"/> Insurance	Please note: Some information is purged, as required by law. But we will give oldest available
	<input type="checkbox"/> Name and Address of Driver	
	<input type="checkbox"/> License Plate Number	
	<input type="checkbox"/> Registration Expiration Date	
	<input type="checkbox"/> Vehicle Description	
DATE YOU WANT COVERED:	_____	_____
	Month	Day
		Year

**\*\*IF YOU ARE REQUESTING A RECORD THAT IS NOT YOUR OWN, YOU MUST COMPLETE SECTION “C”.**

**SECTION C – Purpose for the Request (required ONLY when requesting another’s record)**

PLEASE READ THE BELOW SECTION OF THE NEW JERSEY DRIVER PRIVACY PROTECTION ACT, INITIAL NEXT TO THE PERMITTED USE(S) THAT APPLY TO YOUR SPECIFIC USE OF THE MVC RECORDS. THEN PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

**USES PERMITTED BY N.J.S.A. 39:2-3.4(c)**

\_\_\_\_\_ 1. For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a Federal, State or Local agency in carrying out its functions.

*If acting on behalf of a government agency, please provide proof of retention.*

\_\_\_\_\_ 2. For use 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 market research activities, including survey research; and the removal of non-owner records from the original owner records of motor vehicle manufacturers.

*Please include the documentation supporting your request if the information is to be used for motor vehicle emissions, recalls or advisories, etc.*

\_\_\_\_\_ 3. 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 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 purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

*Please include a copy of the individual release consent form; a contract; a tow bill; or a repair bill from the repair shop with the person in question.*

\_\_\_\_\_ 4. For use in connection with any civil, criminal, administrative or arbitral proceeding in any Federal, State or Local court or agency or before any self-regulating body, including 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.

*Please include the Docket number and a letter from the client confirming that you have been retained. Please provide an explanation if no docket number has been assigned. If no Docket number is available, please submit the case file number on Attorney letter head and include a copy of the accident report.*

*For an abandoned vehicle request, please include photos of the vehicle and VIN as referenced in the Abandoned Vehicle Packet, steps 8 and 9.*

\_\_\_\_\_ 5. For use in educational initiatives, research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only to organ procurement organizations as aggregated, non-identifying information.

*Please include a description of the initiative or research on official letterhead*

\_\_\_\_\_ 6. 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.

*Please include supporting documents for intended use i.e. declaration page.*

\_\_\_\_\_ 7. For use in providing notice to the owners of towed or impounded vehicles.

*Please include proof of authorization to tow or impound vehicles.*

\_\_\_\_\_ 8. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver’s license that is required under the “Commercial Motor Vehicle Safety Act, “ 49 U.S.C. App. §2710 et seq.

*Please include a copy of an individual release consent form, a copy of the insurance policy, and a copy of the agreement if done on behalf of a client.*

\_\_\_\_\_ 9. For use in connection with the operation of private toll transportation facilities.

**If your request does not fall under one of the above reasons:**

\_\_\_\_\_ 10. For use by any requestor, if the requestor demonstrates it has obtained the **notarized** written consent of the individual to the information pertains.

**\*Please note: If you selected number 10, a “Notarized Authorization to Release Personal Motor Vehicle Information” (Form BGS/DO-21A) must be submitted and will not be accepted unless it is acknowledged by a Notary Public or Attorney at Law.**



**Explanation of reason**

*Please explain in detail your reason for requesting this information and how you plan to use it. If involving a lawsuit, please state the type of lawsuit and your relationship to the case.*

Large empty rectangular box for providing the explanation of reason.

## SECTION D – Terms and Conditions

The disclosure and use of the personal information\* contained in the record you have requested is governed by the “New Jersey Drivers’ Privacy Protection Act” (“NJDPPIA”), N.J.S.A. 39:2-3.3 et seq. The NJDPPIA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney’s fees and litigation costs.

\* *“Personal Information” means information that identifies an individual, including an individual’s photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver’s status.*

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. (“NJDPPIA”) and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPPIA.

I agree to hold the New Jersey Motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another’s record, I certify that:

- 1) Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
- 2) The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
- 3) If the information requested is to be used "in anticipation of litigation," pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
- 4) In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and Federal laws that require notification of individuals in the event of unauthorized release of Personal Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

\_\_\_\_\_  
Signature of Applicant (original signature only - signature stamps are unacceptable)

\_\_\_\_\_  
Date