

REQUEST FOR INSURANCE INFORMATION FOR NY REGISTRANTS INVOLVED IN AN ACCIDENT

Batch Number			
	l		
	l		
	l		

New York State Department of Motor Vehicles Certified Document Center - Room 432e 6 Empire State Plaza Albany, New York 12228

REQUESTER'S NAME	E AND ADDRESS (<i>Please Print</i>)	Motor Vehic DMV search the search ac name and ad DMV Search Name	eck or money order (p les) for the total amour account and want to c count number, your file dress of the account to b h Account Number	nt; or, if you hav tharge this search e number for this be charged.	we an established h, please provide is request, and the	
theck all appropriate boxes to specify the items you want:		Requester's File #				
Insurance information search FH Certificate (for-hire vehi	h	For all records other than your own, the Federal Driver's Privace Protection Act (DPPA) regulates access to Motor Vehicles records. So you must tell us why you want the records you are requesting. In addition to completing the information below, check the boxes on page 2 that describe your use for the records you are requesting, and sign the certification.				
nter all available information	n below. If any required information (not	ed by *) is missing, we w	ill not be able to pro	cess your red	quest.	
ate of Accident (Month/Day/Year)*	Year and Make of Vehicle*		Plate Nur	nber*		
/ / / legistrant's Last Name*	First*		M.I.	Date of Birth (A	Month/Day/Year) /	
egistrant's Mailing Address (Include	Street & No.)	Apt. No. City	S	State Zip	Code	
river's Last Name	First		M.I.	Date of Birth (A	Month/Day/Year) /	
river's Mailing Address (Include Stree	et & No.)	Apt. No. City	S	State Zip	Code	
river of Other Vehicle						
	(THIS BOX IS TO BE COMP	LETED ONLY BY DMV	STAFF)			
☐ Amended☐ The FS Insurance ID Output☐ This information is no☐ According to our records	Card or FH Certificate is not available to available because the vehicle is not so, insurance coverage with the following	e. registered in New York company was in effect or	x. 1 the date of the abo			
Policy Number (if avail	(able):					
FOLLOWING TO TH • A COPY OF TH • A COPY OF TH □ Insurance coverage was	COMPANY NAMED ABOVE DENIE E DMV INSURANCE SERVICES BUTTLE COMPANY'S DENIAL LETTER (OF THE ACCIDENT REPORT IN THE ACCIDENT REPORT IN THE ACCIDENT REPORT IN THE ACCIDENT REPORT IN THE ABOVE ACTION OF THE ACCIDENT REPORT IN THE ACCIDENT REPORT REPORT IN THE ACCIDENT REPORT RE	JREAU AT THE ADDRI ON COMPANY LETTERI scident. Please see item A	ESS AT THE TOP HEAD), AND on form FS-25.1.	OF THIS PA		
and/or driver for being	in an uninsured accident. You will be not he reason we are unable to process your	tified within 90 days.	Processed		Date	

List of	Permissible Uses for Personal Information Under the Fe	deral Driver's Privacy Protection Act:			
□ 1.	Use in the normal course of business by a legitimate business or ◆ to verify the accuracy of personal information submitted by an ◆ if such submitted information is not correct or is no longer correct purposes of preventing fraud by, pursuing legal remedies or recorded.	individual to the business; AND rect, to obtain the correct information, BUT ONLY for the			
1 2.	Use in connection with any civil, criminal, administrative, or arb before any self-regulating body, including: ◆ the service of process; ◆ the execution or enforcement of judgments and orders; OR	 itral proceeding in any federal, state or local court or agency, or investigation in anticipation of litigation; pursuant to an order of a federal, state or local court 			
□ 3.	Use by any government agency, including any court or law enfor or entity acting on behalf of a federal, state, or local agency in ca	cement agency, in carrying out its functions, or by any private person rrying out its functions.			
□ 4.	Use in providing notice to the owners of towed or impounded ve	ng notice to the owners of towed or impounded vehicles.			
□ 5.	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;				
□ 6.	Use by a licensed private investigative agency or licensed securit	y service for any purpose permitted under the DPPA.			
1 7.	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 of 1986.				
□ 8.	Use by any requester if the requester provides written consent from	the individual to whom the information pertains.			
9 .	Use in the following matters, as long as the personal informat individuals : ◆ research activities; and ◆ producing statistics				
1 0.	Use in connection with matters of: ◆ motor vehicle or driver safety and theft; ◆ motor vehicle e ◆ motor vehicle product alterations, recalls, or advisories; ◆ performance monitoring of motor vehicles, motor vehicle parts ◆ motor vehicle market research activities, including survey rese ◆ removal of non-owner records from the original owner records	and dealers; arch; and			
11.	Use specifically authorized under New York State law if such use is	related to the operation of a motor vehicle or public safety. Check the			
	appropriate box or cite the law here: ☐ 11(a) Article 19A ☐ 11(d) (other)	11(b) Article 19B			
12.	Use to carry out the purposes of Titles I and IV of the Anti-Car T (15 U.S.C. 1231, et.seq.), the Clean Air Act (42 U.S.C. 7401, et.seq. et.seq.; 30501, et.seq.; 32101, et.seq.; 33101, et.seq.), in connection to motor vehicle or driver safety and theft; the motor vehicle product alterations, recalls or advisories; the performance monitoring of motor vehicles and dealers by motor the vehicles and dealers by motor the vehicles are recorded to the original owner records from the original owner records the same and the same	and Chapters 301, 305 and 321 - 331 of Title 49 (49 U.S.C.S. 30101, on with matters of: missions; or vehicle manufacturers; and			
□ 13.	Use in connection with the operation of private toll transportation	n facilities.			
□ 14.	Use for any other purpose: ◆ license records without the motorist's address. These records in date of birth, if such information has been provided by the requ	nclude <u>either</u> the client identification number or the driver's name and nester.			
that I v	will comply fully with the Driver's Privacy Protection	only for the use described in the box(es) checked on this form, and Act (18 USC Sec. 2721, et seq) . I also agree to defend, hold or damages alleged against DMV, for my negligent, improper or V.			
Sig	gnature 🕨	Date			

To knowingly make a false statement or conceal a material fact in this written statement is a criminal offense, punishable under Penal Law Section 210.45. In addition, anyone who makes false representation to obtain any personal information from an individual's Motor Vehicles record is subject to federal criminal fines under the Driver's Privacy Protection Act (DPPA).

Print Name

Your Date of Birth

FS-25 (7/15) www.dmv.ny.gov PAGE 2 OF 2