



PLEASE READ THE INSTRUCTIONS BELOW FIRST

Read and complete steps 1 - 4. We cannot process incomplete forms (forms that do not have enough information to conduct a diligent search, that have insufficient fees, or that have no identification). Incomplete forms will be returned.

Remember to attach a photocopy of your driver license or government-issued photo ID card (you may black out the picture), or have your signature in STEP 4 notarized.

STEP 1 Provide the name and the address where the records are to be mailed.

STEP 2 We need to identify you, the requester. Provide your name and address in STEP 2 for future reference.

PART A Check the box next to each item you are requesting. You may request more than one.

PART B Provide as much information as possible about the motorist or vehicle record(s) that you are requesting.

STEP 3 You must tell us why you want the record(s) that you are requesting. Place a check mark next to each permissible use that applies for the record(s) that you are requesting. Personal information on certain DMV records is protected by the Federal Driver's Privacy Protection Act (18 U.S.C. 2721 et seq) and also by sections 87 and 89 of the NYS Public Officer's Law. Records that pertain to a motor vehicle operator's license, permit, motor vehicle title, motor vehicle registration, or identification card issued by DMV are protected by the Driver's Privacy Protection Act. If you are requesting only your own record(s), you may skip to STEP 4.

Title abstracts or title application photocopies may contain the names of other individuals. If you are requesting these documents, you must complete STEP 3.

STEP 4 Sign and print your name. Remember to attach a photocopy of your driver license, government-issued identification card, or have your signature in STEP 4 notarized.

FINAL Mail your completed MV-15 form, identification, and payment to:

NYS Department of Motor Vehicles
MV-15 Processing
6 Empire State Plaza
Albany NY 12228

NOTE ACCEPTABLE METHOD OF PAYMENT: Check or money order payable to the Commissioner of Motor Vehicles (no starter checks accepted - must have name pre-printed), a DMV search account with information filled in or exempt.

Exempt From Fees: Government agencies; public officers, boards or bodies; volunteer fire companies; volunteer ambulance services; legal aid bureaus or societies; or any private entity acting pursuant to NY County Law section 722 are exempt.

NOTE: The search fee must be charged for every search even if no records are found.

MV-15 (9/15)

Your return receipt

DMV OFFICE USE ONLY

STEP 1 Your File Name or Number:

Table with 2 columns: Record type and Fee amount. Rows include: No record(s), Abstract(s), Application(s), Ticket(s); Summons(es); Ticket Disposition(s), Suspension/Revocation Order (LIC), Suspension/Revocation Order (REG), Vehicle & Traffic Law Book(s), Insurance Search/ Insurance Activity Expansion report, FS Insurance card or FH Certificate.

Print/Type name and mailing address.

TOTAL FEE \$ _____

Operator Initials _____ Amount Received \$ _____

Date Processed _____ REFUND (IF ANY) \$ _____

MV-15 (9/15)

STEP 2 TO PROCESS YOUR REQUEST, WE NEED TO IDENTIFY YOU, THE REQUESTER.

Attach a copy of your driver license, government-issued photo ID card (you may black out the picture), or have your signature in Step 4 notarized.

Print your name and return address below, and select the payment method.

PAYMENT METHOD ● DO NOT SEND CASH ●		
<input type="checkbox"/> DMV Dial-in account number _____		
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Exempt
Payable to the Commissioner of Motor Vehicles		

Daytime Phone Number (Optional):

PART A

CHECK THE BOX NEXT TO EACH RECORD THAT YOU ARE REQUESTING (ALL RECORDS ARE CERTIFIED ABSTRACTS OR CERTIFIED PHOTOCOPIES)

- DRIVING ABSTRACT (RECORDS FOR THE LAST 4 YEARS) \$10 each
- DRIVING RECORD HISTORY (ALSO CALLED A "LIFETIME ABSTRACT")
ONLY YOU, OR SOMEONE YOU HAVE GIVEN WRITTEN PERMISSION TO (CHECK BOX #13 ON PAGE 4 AND INCLUDE FORM MV-15GC), MAY ORDER THIS TYPE OF DRIVING RECORD. EXAMPLES OF WHEN THIS MAY BE REQUIRED INCLUDE: BACKGROUND CHECKS, BAR EXAM, APPLICANTS FOR A LICENSE IN U.S OR CANADA, AND AN ATTORNEY REVIEWING CLIENT'S ENTIRE RECORD. \$10 each
- VEHICLE REGISTRATION ABSTRACT \$10 each
- VEHICLE TITLE ABSTRACT \$10 each
- DRIVER LICENSE APPLICATION PHOTOCOPY (AVAILABLE FOR THE LAST 7 YEARS FROM CURRENT DATE) \$11 each
- VEHICLE REGISTRATION/TITLE APPLICATION PHOTOCOPY (AVAILABLE FOR THE LAST 5 YEARS FROM CURRENT DATE) \$11 each
- CERTIFIED SUSPENSION OR REVOCATION ORDER PHOTOCOPY (WRITE ORDER # IN PART B BELOW) \$11 each
- TICKET/SUMMONS PHOTOCOPY (WRITE TICKET #, DATE OF VIOLATION, AND/OR OFFENSE, IF KNOWN, IN PART B BELOW) \$11 each
- TICKET DISPOSITION PHOTOCOPY (WRITE TICKET # OR CASE #, IF KNOWN, IN PART B BELOW) \$11 each
- VEHICLE AND TRAFFIC LAW BOOK (HOW MANY? _____) \$ 6 each
- INSURANCE INFORMATION SEARCH/INSURANCE ACTIVITY EXPANSION REPORT
REQUIRED: REGISTRANT'S NAME, DATE OF ACCIDENT, VEHICLE YEAR & MAKE, AND PLATE # \$10 each
- FOR-HIRE CERTIFICATE OR FS INSURANCE ID CARD
REQUIRED: REGISTRANT'S NAME; VEHICLE YEAR & MAKE; PLATE#; AND DATE OF ACCIDENT (IF APPLICABLE) (AVAILABLE IF ORIGINAL REGISTRATION APPLICATION WAS MADE WITHIN 5 YEARS FROM THE CURRENT DATE). \$11 each

PART B

PROVIDE AS MUCH INFORMATION AS YOU KNOW ABOUT THE RECORDS YOU ARE REQUESTING. PLEASE PRINT OR TYPE CLEARLY.

LAST NAME		FIRST	M.I.	DATE OF BIRTH	SEX	N.Y. DRIVER OR NON-DRIVER ID #
MAILING ADDRESS (INCLUDE STREET & NO.)			APT #	CITY	STATE	ZIP CODE
PLATE NUMBER		VEHICLE YEAR & MAKE		VEHICLE IDENTIFICATION NUMBER		
DATE OF ACCIDENT	TICKET, CASE, OR ORDER NUMBER		DATE OF VIOLATION	OFFENSE		

**List of Permissible Uses
Driver Privacy Protection Act**

STEP 3

The Federal Driver's Privacy Protection Act (DPPA) (18 U.S.C. §2721 et seq.) regulates access to DMV records and how the recipients of motorists' records subsequently share them. Pursuant to the DPPA, you must have a DPPA Permissible Use to search DMV records. A list of permissible uses appears below:

(Recipient must check all that apply.)

1. ____ For use by any government agency, including any court or law enforcement agency, in 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.
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 removal of non-owner records from the original owner records of motor vehicle manufacturers.
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 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 purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
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-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.
5. ____ 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.
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, anti-fraud activities, rating or underwriting.
7. ____ For use in providing notice to the owners of towed or impounded vehicles.
8. ____ For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subsection.
9. ____ 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 Chapter 313 of title 49 [49 U.S.C. §31301 et seq.].
10. ____ For use in connection with the operation of private toll transportation facilities.
11. ____ For any other use in response to requests for individual motor vehicle records if the State has obtained the express consent of the person to whom such personal information pertains.
12. ____ For bulk distribution for surveys, marketing or solicitations if the State has obtained the express consent of the person to whom such personal information pertains.
13. ____ For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains. (May use form MV-15GC)
14. ____ For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

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).

STEP 4

REMEMBER TO ATTACH A COPY OF YOUR ID. (See Step 2 of Instructions.)

I certify that I have read the Drivers Privacy Protection Act (18 U.S.C. Sec 2721 et seq.) and will comply fully with the terms of such law. I also agree to defend, hold harmless and indemnify DMV from all actions brought against DMV, or damages alleged against DMV, for my negligent, improper or unauthorized use or dissemination of the information provided by the DMV.

Signature  _____

Date: _____

Print Name _____