



# INFORMATION REQUEST

CRD 93 (09/01)

CCC USE ONLY

|         |
|---------|
| Fee     |
| Add Fee |

Department of Motor Vehicles  
 P.O. Box 27412  
 Richmond, Va 23269-0001

Please type or print clearly. Check one or more boxes to show the type(s) of information desired and provide all requested data.

### REQUESTOR INFORMATION

|   |  |                       |                        |   |   |
|---|--|-----------------------|------------------------|---|---|
| Name Last: <u>Haynes</u>  |  | First: <u>Jeannie</u> |                        | Middle: <u>Lynn</u>                       | Organizational Affiliation (if any): <u>Town of Chilhowie Fire Dept</u> |
| Street Address: <u>P.O. Box 5012</u>  |  |                       |                        | Telephone Number: <u>( 276 ) 646-3131</u> |   |
| City: <u>Chilhowie</u>  |  | State: <u>VA</u>      | Zip Code: <u>24319</u> |   | Federal Tax ID or Social Security Number*: <u>54-6001212</u>            |
| Use Agreement Number (if applicable):   |  |                       |                        | Access Code (if applicable):              |   |
| Reason for Request (Please be specific):<br><u>Volunteer Fire &amp; EMS</u>   |  |                       |                        |   |   |
| I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I further certify that the information I have requested with this form will be used only for the stated purpose. |  |                       |                        |   |   |
| Requestor's Signature   |  |                       |                        | Date                                      |   |

SUBJECT'S PERSONAL INFORMATION (includes name and address)

|                            |  |              |              |                 |  |
|----------------------------|--|--------------|--------------|-----------------|--|
| Subject's Name Last: _____ |  | First: _____ |              | Middle: _____   |  |
| Address: _____             |  | City: _____  | State: _____ | Zip Code: _____ |  |

SUBJECT'S DRIVING INFORMATION (includes license history and conviction data)

|   |             |                      |
|---|-------------|----------------------|
| Driver's License Numb: _____  | OR          | Date of Birth: _____ |
| Driver's Authorization (required for employers and others not authorized by Virginia code): I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requestor identified above. |             |                      |
| Driver's Signature: _____   | Date: _____ |                      |

VEHICLE INFORMATION (Includes vehicle description and registration data)

|                                      |                     |                     |
|--------------------------------------|---------------------|---------------------|
| Vehicle Identification Number: _____ | Vehicle Make: _____ | Vehicle Year: _____ |
|--------------------------------------|---------------------|---------------------|

ACCIDENT REPORT

|                      |                                |                         |
|----------------------|--------------------------------|-------------------------|
| Driver's Name: _____ | Driver's License Number: _____ | Date of Accident: _____ |
|----------------------|--------------------------------|-------------------------|

OTHER INFORMATION (PLEASE BE SPECIFIC)

|  |
|--|
|  |
|--|

### DMV Customer Service Center Use ONLY

|  |  |
|--|--|
| Proof of Requestor's Identification<br><input type="checkbox"/> Valid Driver's License Number _____<br><input type="checkbox"/> Other Photo ID _____ | Proof Of Requestor's Organizational Affiliation<br><input type="checkbox"/> Request on Organization's Letterhead Stationery<br><input type="checkbox"/> Business Card from Organization<br><input type="checkbox"/> Law Enforcement Badge Number _____<br><input type="checkbox"/> Other _____ |
| If Referred to Headquarters to Fill Request, Complete:<br><br>Teller's Name: _____<br><br>Customer Service Center Name (not #): _____                | Remarks/Teller Stamp: _____<br><br>Fee Charged: _____  |

\*Required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§2.1-196, 2.1-731, 2.1-734, et al