



RECORD REQUEST FOR ACCOUNT HOLDERS

MICHIGAN DEPARTMENT OF STATE

Records can be ordered online at Michigan.gov/SOSonline by going to the **Additional Services** section and selecting **Record Sales Services > Log In For Record Sales**.

PLEASE PRINT OR TYPE INFORMATION REQUESTED

SECTION 1. ACCOUNT INFORMATION (COMPLETE ALL FIELDS)

ACCOUNT NAME		ACCOUNT NUMBER	TODAY'S DATE
REPRESENTATIVE'S NAME & TITLE			REFERENCE NUMBER
ACCOUNT EMAIL ADDRESS			DAYTIME PHONE NUMBER ()
ACCOUNT MAILING ADDRESS	CITY	STATE	ZIP

*** RECORD REQUEST FEE INFORMATION** (not applicable to Michigan Government Agencies)

- Record Lookup Fee: \$15.00 per record search (fees are also charged if no record is found)
- Certified Record Lookup Fee: \$16.00 per record search (fees are also charged if no record is found)
- History requests are \$15.00 per record search (all histories can be significantly more than \$15.00)

SECTION 2. DELIVERY METHOD

DELIVERY METHOD (CHECK ONE)

Mail

Email – I acknowledge that the record(s) will be delivered to the account email address listed above.

SECTION 3. DRIVER'S RECORD / STATE ID CARD SEARCH

(COMPLETE SECTION 3 ONLY IF REQUESTING DRIVER'S RECORD OR STATE ID CARD INFORMATION)

CHECK THIS BOX IF YOU WANT A CERTIFIED COPY

<p>DRIVER'S RECORD /STATE ID CARD SEARCH (CHECK BOXES THAT APPLY)</p> <p><input type="checkbox"/> Driver's Record or State ID Card Record (shows last reported address)</p> <p><input type="checkbox"/> Original License Issue Date</p> <p><input type="checkbox"/> Current Application</p> <p><input type="checkbox"/> Application History – Complete*</p> <p><input type="checkbox"/> Application History – Partial* From _____ to _____</p> <p><input type="checkbox"/> Address History – Complete*</p> <p><input type="checkbox"/> Address History – Partial* From _____ to _____</p> <p><input type="checkbox"/> Other Driving-Related Records (specify if hearing, offense, license status, etc.) _____ Date: _____</p>	<p>PRIMARY REASON FOR REQUEST</p> <p><input type="checkbox"/> Employment – CDL required</p> <p><input type="checkbox"/> Employment – CDL not required</p> <p><input type="checkbox"/> Credit or Insurance</p> <p><input type="checkbox"/> Court</p> <p><input type="checkbox"/> Other (explain) _____ _____</p>
---	---

MI DRIVER'S LICENSE OR STATE ID NUMBER	FULL NAME (FIRST, MIDDLE, LAST, AND SUFFIX)	DATE OF BIRTH
--	---	---------------

SECTION 4. VEHICLE TITLE/REGISTRATION/DISABILITY PLACARD SEARCH

(COMPLETE SECTION 4 ONLY IF REQUESTING SPECIFIC VEHICLE OR DISABILITY PLACARD INFORMATION)

 CHECK THIS BOX IF YOU WANT A CERTIFIED COPY

VEHICLE/TITLE SEARCH (INCLUDES WATERCRAFT & MOBILE HOMES)

 Current Ownership/Current Lienholder Current Title Application and Related Forms Complete Title History* Partial Title History* From _____ to _____

Date of Accident _____

Insurance information is not retained by MDOS and is not available.

VIN/HIN/SERIAL #

MAKE

YEAR

REGISTRATION/PLATE & DISABILITY PLACARD SEARCH

 Complete Registration History* Partial Registration History* From _____ to _____

Date of Accident _____

 Disability Placard Number: _____Insurance information is not retained by MDOS and is not available.

PLATE OR REGISTRATION #

SECTION 5. VEHICLE SEARCH – ANY & ALL ASSETS(COMPLETE SECTION 5 ONLY IF REQUESTING ANY AND ALL ASSETS REGISTERED TO AN INDIVIDUAL OR COMPANY) CHECK THIS BOX IF YOU WANT A CERTIFIED COPY

When requesting records for **all assets registered and/or titled through the Michigan Department of State** for individuals and/or companies, precise information is required. Information retrieved is based upon an exact name and address match. The name and address, as provided by the record requestor, **must** match the name and address on the record(s) held by the Michigan Department of State.

SEARCH

 All assets registered or titled to this owner (includes all motor vehicles, watercraft, ORV, snowmobiles, mobile homes, mopeds, disability plates, etc.) *

VEHICLE OWNER'S NAME (EXACT NAME AS REGISTERED OR TITLED)

VEHICLE OWNER'S ADDRESS (EXACT ADDRESS AS REGISTERED OR TITLED)

CITY

STATE

ZIP

SECTION 6. REQUESTOR'S CERTIFICATION

I certify that the information and statements on this request are true, correct, and comply with the provisions of state and federal driver privacy laws. I understand that the willful unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other re-disclosure of personal information to a person or organizations not identified in this request, may result in penalties imposed under MCL 28.295a, 257.902, 257.903, 324.80130d, 324.80319a, 324.82160 and other provisions of law.

SIGNATURE OF REQUESTOR _____

DATE _____

Penalties for Misuse: Under Michigan law, a person who makes a false representation or a false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine up to \$15,000.

MAIL COMPLETED FORMS TO

MICHIGAN DEPARTMENT OF STATE
RECORD SALES UNIT
7064 CROWNER DRIVE
LANSING, MI 48918-1502

CALL 517-335-6198 IF YOU NEED HELP COMPLETING THIS FORM. ATTACH ADDITIONAL PAGES, IF NECESSARY.