

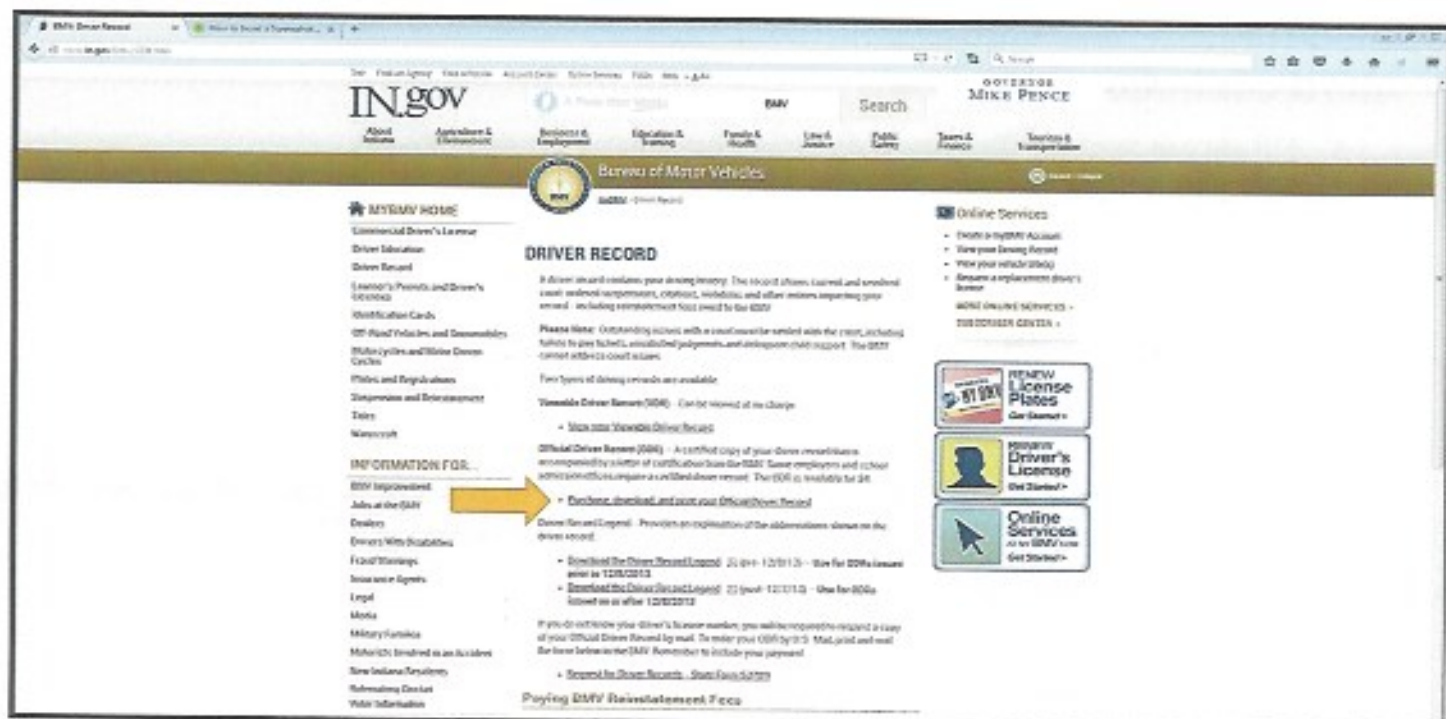
Obtaining an official copy of your driver record.

Online (Fee is \$4.00)

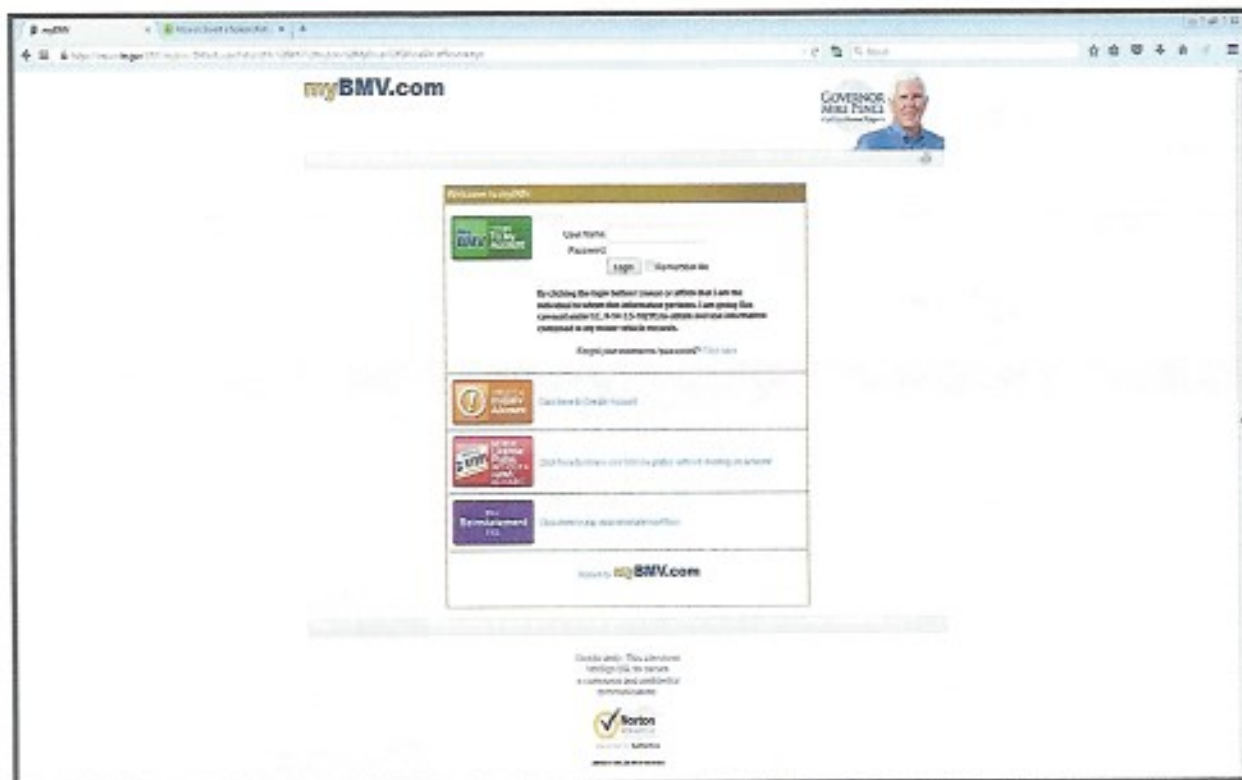
1. Website – www.in.gov/bmv
2. Under “MYBMV HOME” click on *Driver Record*.



3. Click on *purchase, download, and print your Official Driver Record*



4. Login to my account. If you don't have one you can create one.



5. On the top of the screen, click on *driver record*.
6. Click on *Official Driver Record*, located on the left of the screen.
7. To purchase this, you must click on the "*click here to add to cart*"
8. Click on *proceed to checkout* and following the instructions on your method of payment.

Mail (Fee is \$4.00)

1. Fill out and complete the *Request for Driver Records – State Form 53789*.
2. Mail form and payment to:
Bureau of Motor Vehicles
Attn: Drive Records Requests
100 N. Senate Ave., Rm N412
Indianapolis, IN 46204.
3. Allow two to four weeks to process the request.

***Please note you are not able to receive your driver record at the branch offices. They will only have the form (*Request for Driver Records – State Form 53789*) for you to send the request in. ***



REQUEST FOR DRIVER RECORDS

State Form 53789 (R11 / 2-15)
Approved by State Board of Accounts, 2015
Bureau of Motor Vehicles

BUREAU OF MOTOR VEHICLES

Attn: Driver Records Requests
100 N. Senate Ave., Rm N412
Indianapolis, IN 46204

The Indiana Bureau of Motor Vehicles (BMV) driver and vehicle records are open to the public except those protected by law. Recipients of records must comply with the applicable state and federal privacy laws for usage, distribution, and record keeping. Information in a record that identifies a person is statutorily restricted by Ind. Code §§ 9-14-3-5, 9-14-3.5-5, and 9-14-3.5-7 and can only be released in the circumstances outlined below.

A person's name, address, or telephone number can only be released if:

- (1) you provide written consent of the person to whom the personal information pertains; or
- (2) you provide proof of identity and a representation that use of the information will be strictly limited to at least one of the uses outlined in Ind. Code § 9-14-3.5-10. You must specify which use in Ind. Code § 9-14-3.5-10 applies to you. A person's image, Social Security number, medical or disability information, driver's license number, federal identification number, or a reproduction of his/her signature on his/her application for an Indiana ID card, learner's permit, or driver's license can only be released if:

- (1) you provide the express written consent of the person to whom the information pertains; or
- (2) you provide proof of identity and a representation that use of the information will be strictly limited to at least one of the uses outlined in Ind. Code § 9-14-3.5-10(1), Ind. Code § 9-14-3.5-10(4), Ind. Code § 9-14-3.5-10(6) or Ind. Code § 9-14-3.5-10(9). In your request, you must specify which use in Ind. Code § 9-14-3.5-10 applies to you.

Records will not contain confidential juvenile information, unless you, as the requestor, are the individual to whom the information belongs, or the parent, legal guardian, or authorized representative of that individual. If you otherwise are entitled to confidential juvenile information, you must obtain it from the appropriate court.

Many of the BMV public records are immediately available through a subscription to the online service at IN.gov. Your own records are also immediately available online at myBMV.com. Paper copies may be requested by completing this form.

- INSTRUCTIONS:**
1. Complete in blue or black ink or type.
 2. Complete all five (5) steps when requesting records. If any of the steps are not completed, the request will be returned.
 - STEP 1 - Complete applicable information.
 - STEP 2 - Complete as many identifiers as possible.
 - STEP 3 - Only check one box except if the request is for Confidential Juvenile Information. Additional record requests must be completed on separate forms.
 - STEP 4 - Must provide at least one qualification and complete the intended use of the record.
 - STEP 5 - Indicate the payment amount, sign and date the request form.
 3. Include payment with completed form. Acceptable forms of payment are money order, cashier's check, business check or personal check (customer must have an INDIANA BMV record to process a personal check). Make checks payable to the Bureau of Motor Vehicles.
 4. Mail the completed form to the address indicated above.
 5. Please allow two (2) to four (4) weeks to process this request.

STEP 1: The person submitting this form must provide the following information.		
Name of person or business (<i>first name, middle name, last name</i>)	Telephone number	E-mail address
Mailing address (<i>number and street, city, state and ZIP code</i>)		
Last 4 digits of Social Security Number <i>(This information is for security purposes only.)</i> XXX-XX-_____	Last 4 digits of record of admission number <i>(1-94) (if applicable)</i> XXXXXXX	Federal identification number if requestor is a business <i>(This information is for security purposes only.)</i> _____

STEP 2: Person named in Step 1 is requesting information on the following person. (Please include as many identifiers as possible, as drivers often have identifiers in common.)		
I consent to the release of my restricted information (defined above) to the requestor.		
PRINTED NAME: _____		SIGNATURE: _____
Name of driver (<i>first name, middle name, last name</i>)	Driver's license number, <i>if known</i>	
Last 4 digits of driver's social security number, <i>if known</i> XXX-XX-_____	Last 4 digits of record of admission number <i>(1-94) (if applicable)</i> XXXXXXX	Driver's date of birth (<i>mm/dd/yyyy</i>), <i>if known</i>
Last known Indiana mailing address (<i>number and street, city, state and ZIP code</i>)		

STEP 3: Select the type of record(s) you are requesting.

- Certified Driver Record (\$4.00 fee)
- Certified Driver History (\$8.00 fee) - Specify the documents being requested: _____

- Proof of Insurance (Specify vehicle year, vehicle make and date of accident.)

- Record Containing Confidential Juvenile Information - I am requesting records that contain confidential juvenile information, and:
 The record belongs to me. *You must include a copy of your photo identification.*
 I am the parent, legal guardian, or authorized representative (i.e., POA, Attorney) of the individual to whom the confidential juvenile information belongs. *You must include a copy of your photo identification.*
- Record Containing Sealed/Expunged Information - I am requesting records that contain sealed/expunged information, and:
 These records are being requested pursuant to a court order. *You must include a copy of order.*
 I am a law enforcement official and I am requesting these records in the course of my official duty.

STEP 4: If you wish to receive restricted information, indicate your qualification to receive the information. You must mark at least one (1) category. You must identify to which use the information will be strictly limited.

- I am requesting my records that contain my restricted information.
- I am a legal guardian or have power of attorney for the person named in the requested records containing restricted information. *Must provide a copy of the documents granting guardianship or power of attorney.*
- I am a law enforcement officer requesting: records containing restricted information to use for investigation purposes and/or the use of a photograph.
Badge number: _____ Law enforcement agency: _____
Name and title of the agency's chief officer (e.g. John Smith, Sheriff) _____
- I am requesting the information for use in connection with a civil, criminal, administrative, or arbitration proceeding.
- I am requesting for use by a government agency in carrying out its functions:
Government entity: _____
Government function(s): _____
- I have provided the consent of the person whose information I am seeking.
- The permissible under Ind. Code § 9-14-3.5-10 identified above.
- The following permissible use under Ind. Code § 9-14-3.5-10 _____

STEP 5: Fill in the amount of money owed, then sign and date. I swear or affirm under the penalties of perjury that all of the information on this form is true and accurate and any restricted information I receive will be only be used for the stated permissible purpose under Ind. Code § 9-14-3.5-10.

Total amount owed: _____

Printed name

Signature

Date (mm/dd/yyyy)