



# Request for Personal Information RMV Records

## Instructions:

- Complete as much information as possible on this form so the RMV can properly search your request.
  - If requesting your own information complete sections A, B, and C.
  - If you are a DPPA permitted user complete sections A, B, D and E
  - If you are an "authorized recipient" sections A, B, E and F must be completed.
  - If you are requesting "**highly restricted personal information**" complete sections A, B, D, E, and G.
- Enclose a check or money order payable to "MassDOT."
- Mail completed form, applicable fee, and appropriate identification documents to:

Massachusetts Registry of Motor Vehicles

P.O. Box 55889 Boston, MA 02205-5889

Attn: Court Records Department (for **highly restricted personal information requests ONLY**) or

Attn: Mail Listings Department (**for all other requests**)

NOTE: A photocopy of the Requestor's license/state issued ID card must be submitted with this form. Authorized recipient requests must submit a photocopy of both the license holder's license/state issued ID card and the authorized recipient's license/state issued ID card. *Your request will not be processed without this information.*

## A. Request Type - Select 1, 2 or 3 Below

- ☐ I, the license holder/vehicle owner, am requesting my own license or vehicle information for my own personal use. Your signature is required in Section C.
- ☐ I am a DPPA permitted user. You must select a DPPA requestor category in Section D. Your signature is required in Section E.
- ☐ I am authorizing the release of my vehicle or license information to another person (an "authorized recipient"). Signatures of both the license holder and the authorized recipient are required in Section F.

## B. Information Requested (please complete as much information as possible)

Last Name		First Name		Middle Name	Suffix
Address	Street	Apt. #	City	State	Zip Code
License #		Date of Birth (MM/DD/YYYY)			
Vehicle Registration #		Vehicle Title #		Vehicle Identification (VIN) #	
<input type="checkbox"/> Address Inquiry: \$5		<input type="checkbox"/> Registration History: \$5		<input type="checkbox"/> Title History: \$5	
<input type="checkbox"/> Insurance Policy History: \$5		<input type="checkbox"/> Registration Transaction History: \$5		<input type="checkbox"/> Other:	
<input type="checkbox"/> License Inquiry: \$5		<input type="checkbox"/> Registration/Title Inquiry: \$5		<input type="checkbox"/> Driving Record - True & Attested: \$20	
<input type="checkbox"/> Photocopy of RTA form: \$10 (includes supporting documents)		<input type="checkbox"/> Title Amend Information: \$5		For DPPA requestors use ONLY – individuals and authorized release requests should use the Driving Record Request form	

## C. Certification and Signature

I swear (affirm), under the penalties of perjury, that the information provided is true and correct. I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## D. Requestor Information

Last Name	First Name	Middle Name	Suffix
Phone #	Email address		
Name of Company or Firm	Business Phone #		
Business Address	Street	Apt. #	City State Zip Code

The Requestor **MUST** initial the applicable category below.

- \_\_\_\_\_ (1) The Requestor is an insurance company, or an authorized agent or service carrier, and the records will be used to the extent authorized in the Safe Driver Insurance Plan (SDIP) and for the purposes of complying with the requirements of **M.G.L. Chapter 90, §§ 1A, 34A, 34B, and 34H** pertaining to motor vehicle liability policies.
- \_\_\_\_\_ (2) The Requestor is an insurer or insurance support organization, a self-insured entity, or an agent, employee or contractor of such and the records will be used in connection with claims investigation activities, anti-fraud activities, rating or underwriting.
- \_\_\_\_\_ (3) The Requestor is a federal, state, or local government agency, or a private person or entity acting on behalf of a federal, state, or local government agency, and the records will be used to carry out the official functions of such federal, state, or local government agency.
- Name of Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_
- \_\_\_\_\_ (4) For use in connection with a civil, criminal, administrative, or arbitral proceeding in a court or before a government agency or self-regulatory body or to effectuate service of process or for use in an investigation in anticipation of litigation, or the execution or enforcement of judgements, or orders pursuant to a court order. The Requestor must be an attorney or law firm, constable, or licensed private detective, and the professional's occupational license number must be provided.
- Board of Bar Overseers or License #: \_\_\_\_\_
- \_\_\_\_\_ (5) The records will be used in the normal course of business by a legitimate business or its agents, employees, or contractors, **BUT ONLY** (i) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors, and (ii) 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. *Appropriate documents identifying the Requestor are required. A photocopy of the ID will be made to file with the request.*
- \_\_\_\_\_ (6) The Requestor is an employer, or its agent or insurer and the records will be used 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 (49 U.S.C. App. 2710 et seq.) or M.G.L. Chapter 90F.**
- \_\_\_\_\_ (7) The records will be made available to law enforcement agencies and towing companies to be used in providing notice to the owners (including lienholders) of towed or impounded vehicles.
- \_\_\_\_\_ (8) The Requestor is a licensed private detective business or licensed watch, guard or patrol agency (which may include a security service) licensed under the provisions of **M.G.L. c. 147, §25**, or under the laws of another state, and the records will be used **only for one of the permitted uses contained in items 1-12.** (The Requestor **must** indicate the permitted use(s) **(by also initialing that category)** and produce a valid and unexpired professional license assigned by the Colonel of the Massachusetts State Police or by the licensing official of the state where licensed.)
- License # must be provided: \_\_\_\_\_
- \_\_\_\_\_ (9) The Requestor has obtained the notarized, express written consent of the individual to whom the information relates to obtain such information. *(Original notarized **Voluntary Consent** from the individual to whom the information relates must accompany the completed Request.)*
- \_\_\_\_\_ (10) The records will be used in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, product alterations, recalls or advisories, performance monitoring of motor vehicles, motor vehicle parts or dealers, motor vehicles market research activities or survey research, or removal of non-owner records from the original owner records of a motor vehicle manufacturer. *A written explanation detailing the reasons why you believe you qualify within this category **must** be attached to this document.*
- \_\_\_\_\_ (11) The records will be used in research activities and for use in producing statistical reports, provided that any personal information shall not be published, re-disclosed, or used to contact the individual. *A written explanation detailing the reasons why you believe you qualify within this category **must** be attached to this document.*
- \_\_\_\_\_ (12) For any other use specifically authorized under state law if such use is related to the operation of a motor vehicle or public safety. *A written explanation detailing the reasons why you believe you qualify within this category **must** be attached to this document.*

**Penalty: 18 USC § 2723 provides that anyone who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under 18 U.S.C. §2721, shall be liable to the individual to whom the personal information pertains, including an**

award of the greater of actual damages or liquidated damages of two thousand five hundred dollars for each violation, punitive damages upon proof of willful or reckless disregard of the law, reasonable attorney's fees and other litigation costs, and such other equitable relief as the court may order. Anyone requesting the disclosure of personal information who misrepresents his identity or makes a false statement in connection with any request for personal information with the intent to obtain personal information in a manner not authorized by law shall be subject to criminal prosecution, which may include a fine of not more than five thousand dollars or imprisonment in a jail or house of correction for not more than one year, or both.

## E. Certification – Read Carefully

The Requestor certifies that all the Registry of Motor Vehicles records obtained by the Requestor will be used solely and exclusively for the reasons indicated above, and for no other purpose. The Requestor shall be responsible for any improper or unauthorized access to or use of these records by any of its employees, servants, agents, or contractors. The Requestor is prohibited from re-disclosing the information, except in accordance with applicable law. The Requestor acknowledges that the Registry of Motor Vehicles is relying on the truth of the representations contained in this request in granting the Requestor access to the records, and the Requestor intends that the Registry so rely.

The Requestor acknowledges that it **must** keep, for a period of five (5) years, records identifying each person it has sought information about and the permitted purpose for which the information was sought. The Requestor agrees to make such records available to the RMV upon request. The Requestor agrees to indemnify the Massachusetts Department of Transportation, its agents, officers and employees with respect to any claims asserted by an individual whose personal information was disclosed to the Requestor in reliance upon the representations made herein and the Requestor further agrees to hold harmless the Massachusetts Department of Transportation, its agents, officers and employees with respect to any claims the Requestor may have as to the accuracy of the information provided.

By signing below, and in accordance with Section 7 of Chapter 81 of the Acts of 2022, as well as implementing regulations contained in 940 CMR 37.00, you and your employees, agents, or contractors (collectively, "End Users") certify under the pains and penalties of perjury that before any such access or use of said records (including information from the Registrar facilitated through a database or automated network), you shall not:

- i. Use such records or information for the purpose of enforcing federal immigration law (including the investigation, participation, or cooperation with the enforcement of such law); or
- ii. Disclose said records or information to any agency that primarily enforces immigration law or to any employee or agent of any such agency, unless the officer, employee, agent, or contractor is provided with a lawful court order or judicial warrant signed by a judge appointed pursuant to Article III of the United States Constitution, a federal grand jury or trial subpoena, or as otherwise required by federal law; or
- iii. Allow any End Users to access said records or information unless they certify compliance with the representations of subparagraphs (i) and (ii) above.

Please be advised that violation of this certification shall be unlawful. The Registrar shall immediately deny, or revoke access to, information to any End User that the Registrar has reason to believe has, or will have, violated the law, its implementing regulations, or this certification.

This certification is signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Requestor's Signature: \_\_\_\_\_

## F. Authorization for Release of Vehicle or License Information

I, \_\_\_\_\_ / \_\_\_\_\_  
(license holder print name) (license holder signature)

hereby authorize the release of my vehicle or license information. I acknowledge that I am authorizing the release of information that is otherwise protected under Chapter 64 of the Acts of 2016.

Authorized Recipient's Last Name		First Name	Middle Name	Suffix
Authorized Recipient's License #				
Recipient's Address	Street	Apt. #	City	State
			Zip Code	

Signature of Authorized Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

### RMV Use Only

\_\_\_\_\_  
RMV Employee Name (Print)

\_\_\_\_\_  
RMV Employee Signature

## G. Voluntary Consent for Release of "Highly Restricted Personal Information"

### Voluntary Consent for Release of "Highly Restricted Personal Information" From the Records of the Massachusetts Registry of Motor Vehicles (RMV)

The provisions of the Federal **Drivers Privacy Protection Act**, as amended, **18 U.S.C. §2721 et seq.**, govern the release of personal information from the Massachusetts Registry of Motor Vehicles (RMV). The information listed below is "highly restricted personal information" under that law and may not be released to most requestors of information without the notarized written consent of the person to whom the information relates. **This is not required if you are a requestor under Categories 2, 3, 4, or 6.**

I, \_\_\_\_\_  
print your name as it appears on your driver's license/ID card, etc.      Date of Birth (MM/DD/YYYY)      Phone # \_\_\_\_\_

\_\_\_\_\_  
Street Address      City/Town      State      Zip Code

hereby authorize the Massachusetts RMV to release to:

\_\_\_\_\_  
Name of Requestor

the "highly restricted personal information" listed below relating to me, which I have consented to release by my signature, and which the RMV may have in its motor vehicle records. I agree to hold harmless the Massachusetts Department of Transportation and its agents, officers, and employees for the release of the authorized information. **(Sign only for the Record(s) you wish to release.)**

Signature for Social Security # (SSN): \_\_\_\_\_

Signature for Photo image: \_\_\_\_\_

Signature for Medical Records: \_\_\_\_\_

Signature for Disability Records: \_\_\_\_\_

The signature(s)  
of the person  
providing consent  
is required to be  
notarized.

Today's Date: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned notary public, personally

appeared \_\_\_\_\_ (name of document signer), proved to me through

satisfactory evidence of identification, which consisted of \_\_\_\_\_ (identification provided),

to be the person whose name is signed above, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Signature of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_