

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
REQUEST FOR RESEARCH OF MOTOR VEHICLE RECORD**

Requestor (Name)		Business Name		
Alaska Driver's License Number		Date Of Birth*	Social Security Number*	
* Required if requestor does not have an Alaska Driver's license and will be used solely to verify requestor identity.				
Alaska License Plate Number		Serial Number (VIN)		
Year	Make	Model	Body Style	Color
Owner(S) Name		Owner(S) Address		

INSTRUCTIONS: Complete the information requested above. Provide as much of the information as possible. **PLEASE PRINT OR TYPE.** Return the completed form with a \$5.00 fee to:
 Division of Motor Vehicles, Attention: RESEARCH, 1300 W Benson Boulevard STE 200, Anchorage AK 99503-3600.
 You must submit a separate form and a \$5.00 fee for each vehicle record you are requesting research on. Be sure to include the mailing address that you want the research mailed to when completed. Personal information contained in vehicle records is confidential under federal and state law. You can only obtain the information if you can certify that you are authorized to receive the information for one of the reasons outlined under **REQUESTOR'S CERTIFICATION** below. Please complete and sign the statement to prevent delaying your request.

Please indicate exactly what it is that you need:

- | | | | |
|--------------------------|---|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Copy of Source Document Used to Originally Title or Register the Vehicle in Alaska.
(i.e. Title From Previous State, Manufacturer's Certificate of Origin, etc.) | | |
| <input type="checkbox"/> | Odometer History | <input type="checkbox"/> | Copy of Last Issued Registration |
| <input type="checkbox"/> | Computer Printout of Current Motor Vehicle History | <input type="checkbox"/> | Registered Owner's Name and Address |
| <input type="checkbox"/> | Lienholder's Name and Address | | |

Other (Please be Specific): _____

Mail completed research to: _____

REQUESTOR'S CERTIFICATION

I certify that I am authorized to receive the motor vehicle record information for the reason checked below:

- 1. I am the owner of record of this vehicle.
- 2. I have the written permission of the/all owner(s) and lienholder (if lienholder is an individual) of record of this vehicle. (attach owner's and leinholder's permissions)
- 3. I am an agent, employee, or contractor of a business and this information will be used to verify information submitted in the course of this business. (Owner name and address must be provided above.)
- 4. The requested information is to be used in connection with a civil, criminal, administrative or arbitration proceeding in a court or government agency or before a self-regulatory body.
- 5. I am an agent, employee or contractor for an insurer or an insurance support agency and the information will be used in connection with claims investigation activities, anti-fraud activities, rating or underwriting.
- 6. The information will be used to provide notice to owners of a towed, impounded or abandoned vehicle.

I certify under penalty of law that I am authorized as an individual or as an employee, agent or contractor of a business to receive motor vehicle record information as provided in AS 28.10.505 for the reason checked above. I further certify that this information will not be sold or disclosed except as provided by law.

Signature	/ / 20 Date
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