RECORD REQUEST FOR ACCOUNT HOLDERS

MICHIGAN DEPARTMENT OF STATE

PLEASE **PRINT** OR **TYPE** INFORMATION REQUESTED

SECTION 1. ACCOUNT INFORMATION (COMPLETE ALL FIELDS)

ACCOUNT NAME	ACCOUNT NUMBER	TODAY'S DATE
ATTENTION		CLAIM/FILE NUMBER
ACCOUNT EMAIL ADDRESS	DAYTIME PHONE NUMBER	FAX NUMBER

ACCOUNT MAILING ADDRESS	CITY	STATE	ZIP

*** RECORD REQUEST FEE INFORMATION**

- Record Lookup Fee: $11.00 per record search (fees are also charged if no record is found)
- Certified Record Lookup Fee: $12.00 per record search (fees are also charged if no record is found)
- History requests are $11.00 per record search (all histories can be significantly more than $11.00)

SECTION 2. DELIVERY METHOD (COMPLETE ALL FIELDS)

DELIVERY METHOD (CHECK ONE)

☐ Mail

☐ Email – I acknowledge that:

- Record(s) will be delivered to the account's email address listed on file.
- Record(s) download link is only available for use once within 30 days of email notification.
- Record(s) must be saved or printed immediately after download.

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

DRIVER'S RECORD /STATE ID CARD SEARCH (CHECK BOXES THAT APPLY)

☐ Driver's Record or State ID Card Record (shows last reported address)
☐ Original License Issue Date
☐ Current Application
☐ Application History – Complete*
☐ Application History – Partial* From _____ to _____
☐ Address History – Complete*
☐ Address History – Partial* From _____ to _____
☐ Other Driving-Related Records (specify if hearing, offense, license status, etc.)
_____ Date: _____

PRIMARY REASON FOR REQUEST

☐ Employment – CDL required
☐ Employment – CDL not required
☐ Credit or Insurance
☐ Court
☐ Other (explain)

_____

_____

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

☐ Registration Information as of _____
☐ 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 6 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

SEND COMPLETED FORMS BY MAIL OR FAX.

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

OR

FAX TO: 517-335-6169 OR 517-335-6184 OR 517-636-0898
(FAX ONLY ONCE – EACH SUBMISSION WILL BE CHARGED)

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