

RELEASE OF DRIVING RECORDS
 (Montana Driver Privacy Protection Act)



MONTANA DEPARTMENT OF JUSTICE
DIVISION OF MOTOR VEHICLES

Records and Driver Control Bureau
 303 N. Roberts
 PO Box 201430
 Helena, MT 59620-1430
 Phone: (406) 444-4590, Fax: (406) 444-7623

- 1. REQUESTED INFORMATION:** Are you requesting:
- A. Your Driving Record - Complete Sections 3, 4, 5, and 6.
 - B. Another Person's Driving Record - Complete all sections.

INTENDED USE: To be completed if you CHECKED B above.

- With written consent of the individual(s) who are the subject(s) of this search - A signed and dated Personal Information Express Consent Form must be attached.
- For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions.
- For use in matters concerning driver safety or vehicle theft.
- For use in matters concerning motor vehicle emissions.
- For use by motor vehicle manufacturers for vehicle alterations, recalls or advisories.
- For use by motor vehicle manufacturers for performance monitoring of motor vehicles or dealers.
- For use in matters concerning removal of non-owners from motor vehicles manufacturers original owners records for a vehicle.
- For use by a business or its agents, employees, or contractors in their normal course of business to verify that volunteered personal information is accurate.
- For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.
- For use as part of a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgements and orders, pursuant to an order of any court.
- For use to conduct research activities and produce statistical reports and journalistic articles as long as the personal information is not published, disclosed to a third party, or used to contact individuals.
- For use by an insurer, insurance support agency or self-insured entity in connection with the investigation of claims, antifraud activities, ratemaking, or underwriting.
- For use in providing notice to the owners of towed, abandoned, or impounded vehicles.
- For use by a licensed private investigator or security service for any purpose authorized under Montana law.
- For use by an employer or its agent to verify information related to a holder of a commercial driver's license required under federal or Montana law.
- For any other use that is specifically related to the operation of a motor vehicle or to public safety and that is authorized under Montana law.
- For use by parent of a child under 18 years of age.

2. REQUESTOR INFORMATION:

Name of Requestor: _____
 Employer/Company (if Applicable): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Residential Address: _____ City: _____ State: _____ Zip: _____
 Daytime Phone #: _____ Driver License #: _____

3. SEARCH INFORMATION: This section must be complete.

Full Name: _____
 Date of Birth: _____
 Drivers License #: _____

4. DRIVING RECORD FEES:

Make checks payable to "Motor Vehicle Division"

- Driving Record = \$4.00 per record
- Certified Driving Record = \$10.00 per record
- Faxed = Additional \$3.00 per record
- Mailed = Additional \$2.00 per mailing (unless self-addressed, stamped envelope is included)

Total = \$ _____

SECTION 6 NOTARIZATION MUST BE COMPLETED --OR-- YOU MUST ATTACH A LEGIBLE COPY OF YOUR STATE OR GOVERNMENT ISSUED PHOTO ID, INCLUDING DRIVER'S LICENSE, IDENTIFICATION CARD OR PASSPORT, NONE OF WHICH CAN BE EXPIRED FOR MORE THAN FOUR YEARS.

5. CERTIFICATION: (Signature must be notarized unless a copy of requestor's Driver's License or State Issued Identification Card is enclosed)

I have read the "Montana Driver Privacy Protection Act" - Mont. Code Ann. §§ 61-11-501 through 61-11-516, and understand the limitations placed on the use of information received from the Montana Department of Justice, Motor Vehicle Division, Records and Driver Control Bureau. I certify under penalty of law (Mont. Code Ann. § 45-7-203, Unsworn Falsification to Authorities) that the statements made and information contained on this request are true and correct to the best of my knowledge, information and belief, and if I am signing for a commercial entity, I further certify that I have full authority to do so.

Signature of requestor: _____
 Printed Name: _____
 Date: _____

6. NOTARIZATION: (unless ID is provided)

Subscribed and sworn before me this _____ day of _____, 20____.

Signature: _____
 Print or Type Name: _____
 Notary Public for the State of: _____
 Residing at: _____
 My commission expires: _____

(SEAL)

**PERSONAL
INFORMATION EXPRESS
CONSENT FORM**



**MONTANA DEPARTMENT OF JUSTICE
DIVISION OF MOTOR VEHICLES**

This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity.

Complete this form if you have checked the first box of the **INTENDED USE** portion of Section 1 on the Release of Driving Records form.

NAME: _____
(Print Full Name)

DRIVER'S LICENSE # _____ DATE OF BIRTH: _____

RESIDING AT: _____
(Street) (City, State) (ZIP Code)

I HEREBY AUTHORIZE THE DEPARTMENT OF JUSTICE TO RELEASE MY:

- Driving Record Vehicle Record

TO THE FOLLOWING INDIVIDUAL AND/OR COMPANY:

NAME: _____
(Print Full Name)

ADDRESS: _____
(Street) (City, State) (ZIP Code)

I CERTIFY UNDER PENALTY OF LAW (Mont. Code Ann. § 45-7-203, Unsworn Falsification to Authorities) THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature: _____
(Name) (Date)