



REQUEST FOR RECORD INFORMATION
PART I: Record Request
APPLICABLE FEE MUST ACCOMPANY REQUEST

[X] Certify the record as a true copy of record on file with Department of Motor Vehicles - No Charge

TYPE OF INFORMATION REQUESTED (Check only one box per request)

[X] Driver License/Identification Card (Do not complete SECTION 3) [ ] Vehicle/Vessel (Do not complete SECTION 2)

SECTION 1 - REQUESTER INFORMATION - All information required

REQUESTER NAME (FIRST, MI, LAST) RECORDS DEPOSITION SERVICE INFO@RECDEP.COM DAYTIME TELEPHONE NUMBER (248) 357-3330
ADDRESS P.O. BOX 5054 SOUTHFIELD MI 48086-5054

SECTION 2 - DL/ID RECORD REQUEST ONLY - Name and DL/ID number or name and date of birth required

INDIVIDUAL NAME (FIRST, MI, LAST) DRIVER LICENSE/IDENTIFICATION CARD NUMBER OR DATE OF BIRTH (MM/DD/YYYY)
Automated record (computer printout) - FEE: \$5 Per Record [X] Current Record [ ] Other (Explain)
Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Copy [X] DL/ID Photo [ ] DL/ID Application (Guarantor's Signature Search) [ ] Other (Explain)

SECTION 3 - VR/VESSEL RECORD REQUEST ONLY - Complete line C1 or C2

CA LICENSE PLATE/CF NUMBER OR VEHICLE/HULL IDENTIFICATION NUMBER MAKE (Optional) YEAR MODEL (Optional)
C1
Automated record (computer printout) - FEE: \$5 Per Record [ ] Current Record [ ] Ownership History [ ] Other (Explain)
[ ] Owner as of date [ ] Photocopies on file for: \_\_\_/\_\_\_/\_\_\_/\_\_\_ (indicate years)
[ ] Release of Liability (REG 138) \_\_\_ (indicate year submitted)
[ ] Other (Explain)

INDIVIDUAL/BUSINESS NAME C2
ADDRESS CITY STATE ZIP CODE

Automated record (computer printout) - FEE: \$5 Per Record
[ ] All vehicles/vessels registered to individual/business listed in C2 above (single record or list of 8 or less.)

SECTION 4 - PURPOSE OF REQUEST - See Instructions - Permissible Uses of DMV Record Information

LEGAL DISCOVERY BEFORE TRIAL

SECTION 5 - REQUESTER CERTIFICATION STATEMENT, SIGNATURE AND DL/ID NUMBER

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. The information received will not be used for any unlawful purpose. I understand that if I provide false information, I may be subject to prosecution for false representation (California Vehicle Code §1808.45.) This is a misdemeanor punishable by a maximum fine of five thousand (\$5,000) or a maximum imprisonment of one year in the county jail or both.

EXECUTED AT CITY COUNTY STATE ZIP CODE ON (DATE)
SIGNATURE X REQUESTER DL/ID NUMBER

DMV USE ONLY

Check/MO# Total \$ [ ] DL/ID [ ] C.R. [ ] Photo [ ] App [ ] VR [ ] C.R. [ ] As Of [ ] 138 [ ] History [ ]
[ ] Refund [ ] Other Cashier ID/Date

SECTION 6 - REQUESTER MAILING LABEL - DO NOT DETACH

NAME RECORDS DEPOSITION SERVICE
ADDRESS P.O. BOX 5054
CITY SOUTHFIELD STATE MI ZIP CODE 48086-5054

MAIL BOTH PAGES TO:
Department of Motor Vehicles
Public Operations - G199
P.O. Box 944247
Sacramento, CA 94244-2470





**REQUEST FOR RECORD INFORMATION  
PART II: Notice to Record Subject  
See Below**

Certify the record as a true copy of record on file with Department of Motor Vehicles - No Charge

**TYPE OF INFORMATION REQUESTED (Check only one box per request)**

Driver License/Identification Card (Do not complete SECTION 3)  Vehicle/Vessel (Do not complete SECTION 2)

**SECTION 1 – REQUESTER INFORMATION – All information required**

REQUESTER NAME (FIRST, MI, LAST)

RECORDS DEPOSITION SERVICE

**SECTION 2 – DL/ID RECORD REQUEST ONLY – Name and DL/ID number or name and date of birth required**

INDIVIDUAL NAME (FIRST, MI, LAST)

DRIVER LICENSE/IDENTIFICATION CARD NUMBER OR

DATE OF BIRTH (MM/DD/YYYY)

**Automated record (computer printout) - FEE: \$5 Per Record**

- Current Record  
 Other (Explain)

**Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Copy**

- DL/ID Photo  DL/ID Application (Guarantor's Signature Search)  
 Other (Explain)

**SECTION 3 – VR/VESSEL RECORD REQUEST ONLY – Complete line  C1 or  C2**

CA LICENSE PLATE/CF NUMBER

OR

VEHICLE/HULL IDENTIFICATION NUMBER

MAKE (Optional)

YEAR MODEL (Optional)

C1

**Automated record (computer printout) - FEE: \$5 Per Record**

- Current Record  Owner as of date  
 Ownership History \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Other (Explain)

**Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Copy**

- Photocopies on file for: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ (indicate years)  
 Release of Liability (REG 138) \_\_\_\_\_ (indicate year submitted)  
 Other (Explain)

INDIVIDUAL/BUSINESS NAME

C2

ADDRESS

CITY

STATE

ZIP CODE

**Automated record (computer printout) - FEE: \$5 Per Record**

- All vehicles/vessels registered to individual/business listed in  C2 above (single record or list of 8 or less.)

**SECTION 4 – PURPOSE OF REQUEST – See Instructions – Permissible Uses of DMV Record Information**

**LEGAL DISCOVERY BEFORE TRIAL**

**NOTICE TO RECORD SUBJECT**

Based on information provided in Section 2 or Section 3, the Requester identified in Section 1 has requested information from DMV records. The DMV has determined that the purpose for requesting the information (Section 4) to be in compliance with the California Vehicle Code §1808, the Information Practices Act of 1977 (Civil Code §1798 et seq.), the Public Records Act (Government Code §6250 et seq.) and the federal Driver's Privacy Protection Act (Title 18 United States Code §§2721-2725.)

**(DMV USE ONLY)** – Confidential residence address information  was  was not provided in accordance with law.

**RECORD SUBJECT'S MAILING LABEL – DO NOT DETACH - DMV USE ONLY**

NAME

RECORDS DEPOSITION SERVICE

ADDRESS

P.O. BOX 5054

CITY

SOUTHFIELD

STATE

MI

ZIP CODE

48084-5054

**MAIL BOTH PAGES TO:**  
Department of Motor Vehicles  
Public Operations — G199  
P.O. Box 944247  
Sacramento, CA 94244-2470