

OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**OBMV RECORD REQUEST**

(Ohio Revised Code [O.R.C.] 4501.15, 4501.27, AND 4507.53)

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under O.R.C. 4501.27. Disclosure of this information is **REQUIRED**. **FAILURE** to provide any information will result in this form not being processed.

▶ **This request is being made by (check one):**

- An individual inquiring regarding himself or herself:** (Complete **Part A**) If inquiring in person for information on yourself, you must provide personal information regarding yourself, or prove your identity by presenting your driver license or identification card.
- An individual inquiring regarding another person:** (Complete **Parts A and B**) If inquiring regarding another individual, you must attach a notarized BMV Form 5008 giving the written consent of the person. All mail requests without the BMV Form 5008 attached will be returned to the requester.
- Other:** (Check applicable reason for request on **Part C**, and complete **Parts A and B**)

▶ **I am requesting the following personal information contained in the Bureau of Motor Vehicles records:**

<input checked="" type="checkbox"/> Driving Record [302] (\$5.00) <input type="checkbox"/> Vehicle Registration Record [303] (\$5.00) <input type="checkbox"/> Last Known Address [405] (\$5.00) <input type="checkbox"/> Copy of Driver License Application [405A] (\$5.00)	<input type="checkbox"/> Copy of Title Record (\$5.00)
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PART A: Please provide current information regarding yourself:		NOTE: SIGNATURE REQUIRED	
YOUR NAME (REQUESTER)	DATE OF BIRTH	SIGNATURE <b>X</b>	DATE
CURRENT STREET ADDRESS	CITY	STATE	ZIP
COMPANY (IF APPLICABLE)	BMV ACCOUNT # (IF APPLICABLE)		
SOCIAL SECURITY #	DRIVER LICENSE #	LICENSE PLATE #	
VEHICLE IDENTIFICATION #	TITLE #	TELEPHONE #/FAX #	

PART B: Request regarding other person(s):			
PERSON'S NAME			DATE OF BIRTH
STREET ADDRESS		CITY	STATE ZIP
SOCIAL SECURITY #		DRIVER LICENSE #	LICENSE PLATE #
VEHICLE IDENTIFICATION #	TITLE #		

If requesting information on more than 1 person or vehicle, attach additional sheet(s).

Additional sheet(s) attached

Make check or money order payable to **Ohio Treasurer Kevin L. Boyce**. If mailing, return to: **Ohio Bureau of Motor Vehicles, Attn: Records Request, P.O. Box 16520, Columbus, Ohio 43216-6520. Results will be mailed to requester.**

**NOTE: An additional \$3.50 fee will be charged when submitting this form in person at any Deputy Registrar location or the Customer Service Center located at 1970 W. Broad St., Columbus, OH 43223.**