

INSURANCE INFORMATION REQUEST

****Submit completed form with a \$3.00 check or money order payable to MVD****

**ONLY
COMPLETE
WHEN**

- You are a government agency, including any court or law enforcement agency.
- You are an attorney licensed to practice law or by a licensed private investigator.
- You are insurer that writes automobile liability or motor vehicle liability policies.
- You or your vehicle were involved in a crash with a vehicle registered in Arizona.

Requester Information

You **MUST**
provide a copy
of your Driver
License or ID
listed here.

Requester Name (first, middle, last, suffix)		Driver License No. or Other ID		Phone No.	
Mailing Address			City		State Zip
Representing (name of business or other organization)					

Provide VIN or
License Plate
Number of the
vehicle you want
information about.

Vehicle Information

Vehicle Identification Number																	Arizona License Plate No.	

Provide as much
owner information
for the vehicle
above as possible.

Owner Information

Owner Full Name (first, middle, last, suffix)					
Owner Residence Address			City		State Zip

Provide as much
information as
possible.

Additional Information

Court Name		Case No. (if available)		Crash Date	
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Permissible Uses

You **MUST** select
one of the
following that best
certifies you to
obtain the
requested
information under
authority of A.R.S.
Title 28, Chapter
2, Article 5.

- ☐ For use by any government agency, including any court or law enforcement agency, in carrying out its functions or any private person or entity acting on behalf of a government agency in carrying out its functions.
- ☐ For use by an attorney licensed to practice law or by a licensed private investigator in connection with any civil, criminal, administrative or arbitration proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation and the execution or enforcement of judgments and orders, or pursuant to a court order.
- ☐ For use by any insurer that writes automobile liability or motor vehicle liability policies and that is under the jurisdiction of the Department of Insurance and Financial Institutions or insurance support organization or by a self-insured entity or its agents, employees or contractors in connection with claims investigation activities and antifraud activities, rating or underwriting.
- ☐ For any other use that is specifically authorized by law and that is related to the operation of a motor vehicle or public safety, including use by a person who is involved in a crash or the owner of a vehicle involved in a crash if the person who requests the information submits proof to us of involvement in the crash. A **crash report** copy from the law enforcement agency that recorded the crash (including hit-and-run cases) **must** be submitted. The report must identify the injured parties and the damaged vehicles.

Professional License No.

Certification

MUST be signed
in witness of a
Notary or MVD
agent.

I acknowledge the Motor Vehicle Division (MVD) may disclose driver's license or motor vehicle information in accordance with the Federal Driver's Privacy Protection Act, 18 U.S.C. 2721-2725, and A.R.S. Title 28, Chapter 2, Article 5. I certify that any data obtained through this request will be used solely for the purposes specified on this form and not for any other purpose. I understand that selling or sharing the personal information from these records is prohibited, except as allowed by law, and misuse may lead to civil and/or criminal penalties. Additionally, I understand that MVD relies on the accuracy of the information provided in this form, and I agree to defend, indemnify, and release MVD, its officers, employees, agents, or contractors from any claims arising from the improper or unauthorized use of the information provided by MVD.					
Requester Signature					

Acknowledged before me this date.

Notary or MVD Agent Signature

Date	County	State	Commission Expires
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