

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
DRIVER RECORDS REQUEST

DRIVER SERVICES POLICY: 6-9(A)

DRIVER NAME: _____ DL NO: _____ DOB: _____

I HEREBY REQUEST THE FOLLOWING RECORDS RELATING TO THE ABOVE-NAMED PERSON:

Record Requested: _____ MVR Summary
_____ Other Record (must be specified) _____

CHECK THE FOLLOWING APPLICABLE STATEMENT:

- _____ I am the person named in the record sought.
Type ID Shown _____ Authorized Agent _____
- _____ I am requesting the information on behalf of the current owner (written authorization from record owner required).
- _____ The information is to be used by a legitimate business or its agents, employees or contractors for use in the normal course of business only:
 - a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees.
 - b. If such information as submitted is not correct, or no longer correct, to obtain the correct information for the sole purpose of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against the individual.
- _____ The information is to be used in conjunction with a civil, criminal, administrative or arbitral proceeding in a federal, state or local court or agency or before any self-regulatory body, including service of process, investigation in anticipation of litigation and the execution or enforcement of a judgment or order, or pursuant to an order of any court.
- _____ The information is to be used by an insurer or insurance support organization, or by a self-insured entity, or its agents, employees or contractors in connection with the claims investigation activities, anti-fraud activities, rating or underwriting.
- _____ I represent a license private investigative agency or licensed security service and the information will be utilized for one of the above listed permitted purposes.
- _____ For use by an employer or its agency or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the Commercial Motor Vehicle Safety Act of 1986 (49 U.S.C. App. 2710, et seq.).
- _____ For use in connection with the operation of private toll transportation facilities.
- _____ For use by a government agency, court or law enforcement agency in carrying out its functions.
- _____ For use in connection with matters of motor vehicle or driver safety and theft, motor vehicle omissions, recalls, performance monitoring and the like.
- _____ For use in the normal course of business by a legitimate business to verify accuracy of personal information submitted by the individual to the business and if the information is incorrect, to obtain the correct information, but only for fraud prevention or recovering debts from the individual.
- _____ For use in connection with any civil, criminal or administrative proceeding in any federal, state or local court or agency for service of process or enforcement of judgments.
- _____ For use in research activities so long as the personal information is not published, redisclosed or used to contact the individual.
- _____ For use by an insurance company for claims investigation, rating or underwriting.
- _____ For use in notifying owners of towed or impounded vehicles
- _____ For use by any licensed private investigator for any purpose permitted under the DPPA.
- _____ For use by an employer to obtain or verify information relating to the holder of a commercial driver license.
- _____ For use in connection with the operation of private toll transportation facilities.
- _____ For any other use authorized by state law, if the use relates to motor vehicle operation or public safety.

I understand the personal information furnished is confidential under Federal and State law and is being released to me only for the reason I have indicated above and that it is unlawful for me to furnish the information to an unauthorized person or entity.

Printed Name of Individual: _____ Signature: _____ Date _____

Representing
Printed Name of Company: _____ Address: _____

City: _____ State: _____ Zip: _____

You may mail the form with an \$11.00 certified check per request to:

Mailing Address

Department of Public Safety
Attn: MVR
P.O.Box 958
Jackson, MS 39205

Street Address

Department of Public Safety
Attn: MVR
1900 E. Woodrow Wilson
Jackson, MS 39216

* include a self addressed stamped envelope