

KENTUCKY TRANSPORTATION CABINET **DIVISION OF MOTOR VEHICLE LICENSING**

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REQUEST FOR MOTOR VEHICLE OR BOAT RECORD THAT INCLUDES PERSONAL INFORMATION

Driver's Privacy Protection Act of 1994, Section 2721

	Mail to: P	O Box 2014	, Frankfort KY 406	01-2014	
I,,on behalf of			hereby request the following:		
Title History	Cur	rent Owner		Other (Specify.)	
VIN or HIN #	т	itle	9	License Plate	
The requested records are to b	e used for:				
Commercial Purpose-Please at		atement exp	olaining the comme	rcial purpose for which the re	cords shall be used
in accordance with KRS 61.874					
Non-Commercial Purpose-A fe			ed is required with	this completed form. Please r	make your check or
money order payable to the Ke Please place initials beside the					
	The second secon		te husiness or its ag	ents, employees, or contracto	ors but only: (a) to
				the business or its agents, er	
The state of the s				s no longer correct, to obtain	
1		reventing fr	aud by pursuing leg	al remedies against, or recove	ering on a debt or
security interest against For use in connection wi		nal. adminis	trative, or arbitral p	roceeding in any federal, state	e. or local court or
agency before any self-regulatory body, or in pursuant to an order of a federal, state, or local court.					
				so long as the personal inform	nation is not
published, re-disclosed,					
The second secon	Secretary and participation and an extension of the second	-		red entity, or its agents, empl ctivities, rating, or underwriti	A 41
For use by any licensed i	nvestigative agen	icy or license	ed security service fo	or any purpose permitted und	er this federal law.
For use by any requester whom the information p	(A)	demonstrat	es he/she has obtai	ned the written consent of th	e individual to
Pursuant to Section 2722 of the D	river's Privacy Pr	otection Act	of 1994, it is unlaw	ful for any person to knowin	gly obtain or
disclose personal information from					
that this release of information is			necked above and w	vill be used only as indicated.	The undersigned
takes full responsibility for any vio	biations of this A	ct.			
					un du aud Darrollora de la presentación
Printed name of person makin	g request		Agency or Comp	pany (if applicable)	
Signature	Da	te	Address		
STATE OF					
JAIL OI			City	State	Zip
COUNTY OF			,		
	3		Email Address	Phone	2
Attested before me on this	day of				
.*			DL#	State	of Issuance
Notary/Attesting Official Signate	ure and Title			FOR MVL USE ONLY	
The state of the s	a. c and ritie			Date Processed	The second secon
My Commission expires:				Fees Collected	
, , , , , , , , , , , , , , , , , , , ,	MM DD	YY		Clerk's Initials	