



Driving Record Request

P.O. Box 201430, Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816 • www.dojmt.gov • DriverLicense@mt.gov
Please **PRINT**.

Office Use

1. Requested Information

[3] **A.** Your Driving Record.
B. Another Person's Driving Record.

Intended Use: To be completed if you checked B above.

[1] For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions. You must complete "Consent to Release Driving Record to Another Person or Entity" on next page.

[2] For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

[4] With written consent of the individual(s) who is the subject(s) of this search – The Personal Information Express Consent form on page two must be completed.

[5] For use as part of a civil, criminal, administrative, or arbitative proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, pursuant to an order of any court.

[6] For use by an insurer, insurance support agency, or self-insured entity in connection with the investigation of claims, antifraud activities, ratemaking, or underwriting.

[7] For use by a licensed private investigator or security service for any purpose authorized under Montana law.

[8] For use by an employer or its agent to verify information related to a holder of a commercial driver license required under federal or Montana law.

[9] For use in providing notice to the owners of towed, abandoned, or impounded vehicles.

[10] For use by a parent of a child under 18 years of age.

[11] For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana law.
Describe other use _____

2. Requestor Information

Name of Requestor: _____

Employer/Company: (if applicable) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Fax #: _____ Driver License #: _____ State: _____

3. Search Information: This section must be complete.

Full Name: _____

Date of Birth: _____

Driver License #: _____

4. Driving Records Fees
Make checks payable to: Motor Vehicle Division

Driving record=\$4.12 per record
 Certified driving record=\$10.30 per record *cannot be faxed*
 Mail record=\$3.09 extra per mailing (unless self- addressed, stamped envelope is included)
 Fax record=\$3.09 for the first five pages, \$1.03 for each additional page (provide your fax number in section 2 above)

Total = \$ _____

5. Certification

I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities):

- I have read the Montana Driver Privacy Protection Act, §61-11-501 through 61-11-516, Montana Code Annotated, and understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature of requestor: _____

Printed Name: _____ Date: _____



Consent to Release Driving Record & Non-identifiable Personal Information Request

P.O. Box 201430, Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-3816 • www.dojmt.gov • DriverLicense@mt.gov
Please **PRINT**.

This form authorizes the Department of Justice, Motor Vehicle Division, to release my driving record to another person or entity.

Name on Driving Record: _____

Driver License #: _____

Date of Birth: _____

Residing at: _____

I hereby authorize the Department of Justice to release my driving record to the following individual or entity:

Name: _____

Address: _____

Street

City

State

Zip

I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities):

- I have read the Montana Driver Protection Act, § 61-11-501 through 61-11-516, Montana Code Annotated, and understand that I can only use the information in this driving record for limited purposes.
- I am the person listed as the requestor.
- If I am signing for an entity, the entity authorized me to do so.
- The information I put on this form is true and correct to the best of my knowledge.

Signature: _____

This is my legal signature

Printed Name: _____ Date: _____