

**DRIVING RECORDS ARE \$8.00 WHEN PURCHASED AT SECRETARY OF STATE PLUS OR SUPERCENTER BRANCH OFFICES. NO FORMS REQUIRED.**

**MICHIGAN DEPARTMENT OF STATE - REQUESTING YOUR OWN RECORD**

If you are requesting **your own record information**, please complete this form.

If you are requesting records about **someone other than yourself**, use form **BDVR 154, Record Lookup Request**.

Fill in as much information about your request as possible. Accurate and complete information will help us locate the record you are requesting. **Even if no record is found, you are still responsible to pay the \$7.00 lookup fee for each record requested.** Please include a daytime telephone number in case we have questions about your request.

Driving records for a driver's personal use show all activity, including accidents where the driver was not at fault. Records produced for insurance, employment, or credit inquiries do not include certain administrative entries or accidents for which the driver did not receive a corresponding court conviction or civil infraction determination.

**Section 1. Requestor's Information** (Please **print** or **type** all information.)

If you require your information faxed or mailed to an address other than what is on your driving record with the Secretary of State, you must complete Section 5 on the reverse side of the form and check this box:

Your Name (First, Middle, Last)	Daytime Telephone Number ( ) -
---------------------------------	-----------------------------------

Current Street Address		
------------------------	--	--

City	State	Zip Code
------	-------	----------

**Section 2. Requesting Your Own Driving Record**

Michigan Driver's License or Personal Identification Card Number ■ ■   ■ ■   ■ ■   ■ ■	Date of Birth ■ ■   ■ ■
---	----------------------------

Check boxes that apply:

Driving Record for: (Shows last reported address)       Employment, Credit, or Insurance

Court

Other: \_\_\_\_\_

Original License Issue Date

Current Application

Application History\* } **For partial histories, please complete:** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address History\* }

Other Driving-Related Record(s) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Hearing, Offense, License Status, etc.)

**Section 3. Requesting Your Own Vehicle Record**

(If you only need your driving record, leave the vehicle information blank or you will be charged for both records.)

License Plate or Registration Number	Vehicle Year	Make and Model	Vehicle or Hull Identification Number
--------------------------------------	--------------	----------------	---------------------------------------

Check boxes that apply:

Current Vehicle Owner and Lienholder Information

Registration Information as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy of Current Title Application and Related Forms

Complete Title History\*

Complete Registration History\* } **For partial histories, please complete:** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Partial Title History\* }

Partial Registration History\* }

**\* Buying a complete or partial title, application, and/or address history can be very expensive as records are retained for ten years.** There is a \$7.00 charge for each record lookup. Personal information on individuals other than yourself will be redacted (not revealed) from vehicle history records. If you need personal information on previous vehicle owners, you need to complete a BDVR-154 "Record Lookup Request" form.

<b>For Office Use Only</b>
----------------------------

**Section 4. Payment Method** (Payment or credit card billing information must be included.)

The cost for each record looked up is \$7.00. Each certified record provided is \$8.00.

If "no record" is found, you are still responsible to pay \$7.00 for each record lookup.

<input type="checkbox"/> Check or Money Order (Payable to "State of Michigan")		<input type="checkbox"/> Certified record needed (\$1.00 additional per record)	
Name on Credit Card (PLEASE PRINT)		Credit Card <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Credit Card Account Number		Expiration Date	
If paying by credit card, I authorize charging the total amount to my credit card.			
X _____ Signature of Cardholder		____ / ____ / ____ Date	

**Section 5. Special Delivery Instructions**

If you want the record(s) sent to another person or company, complete this section. If address is the same as on the front, leave this section blank.

Please  Fax  Mail my record(s) as indicated below. If the record is faxed and mailed, you will be charged for each delivery method.

Name	Attention (if required)	
Mailing Address	Daytime Telephone Number ( ) -	Fax Number ( ) -
City	State	Zip Code

Explain the reason you need the record(s) sent to another person or to a company:

\_\_\_\_\_

\_\_\_\_\_

**Section 6. Requestor Certification** (This section must be completed or request will not be processed.)

I certify that I am requesting my own record information.

X \_\_\_\_\_  
Signature of Requestor – form must be signed or request will not be processed. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date**Penalties for Misuse: Under Michigan law, a person who makes a false representation or a false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine of up to \$15,000.**

Mail your completed request to:

**Michigan Department of State  
Record Lookup Unit  
7064 Crowser Drive  
Lansing, Michigan 48918-1540**

Call **517.322.1624** for help in completing this form.Completed requests may be faxed to **517.322.1181** but must be charged to a credit card.

BDVR - 153



www.Michigan.gov/sos

BDVR-153-WEB (08/07)