

Release of Driving Records

(Montana Driver Privacy Protection Act)

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

	. Requested In								
	[3] 🔲 A. Your Driving Record – Complete Sections 3, 4, 5, and 6.								
	B. Another Person's Driving Record – Complete all sections, including Intended Use below.								
	ntended Use: To be completed if you checked B above. For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency								
		or use by a rederal, state, or local government agency, including a law emorcement agency or any individual acting on behalf of the agency of any individual acting on behalf of the agency of any individual acting on behalf of the agency of any individual acting on behalf of the agency							
[2]		iness or its agents, empl							
		mitted by the individual t							
		t, to obtain the correct in y interest against the inc		oses or preven	ing traud by	pursuing legal remedies	s against or recovering	g on	
[4] Г	a debt of securion 1 With written cor	sent of the individual(s)	who is the subject(s) o	f this search -	A signed and	dated Personal Informa	tion Express Consent	form	
	must be attache	d.	sent of the individual(s) who is the subject(s) of this search - A signed and dated Personal Information Express Consent form d.						
[5]	For use as part	of a civil, criminal, admin	istrative, or arbitrative	proceeding in	any court or o	government agency or b	efore any self-regula	tory	
		the service of process, ar		pation of litigat	ion, and the ϵ	execution or enforceme	nt of judgments and		
[6]		to an order of any court							
	ratemaking, or i	surer, insurance support	agency, or sen-insured	rentity in confi	ection with tr	ie investigation of claim	s, anumaud activities,	'	
[7]	For use by a lice	nsed private investigator	or security service for	any purpose a	uthorized und	ler Montana law.			
		nployer or its agent to ve					l under federal or Mor	ntana	
	_ law.								
		ling notice to the owners		or impounded	vehicles.				
		ent of a child under 18 y e that is specifically relat		a motor vohick	or to public	cafoty and ic authorized	t under Mentana law		
. + + J	For any other us	e that is specifically relat	ted to the operation of a	a motor vernce	or to public	safety and is authorized	i unuer Montana iaw.		
2. R	equestor Infor	mation							
Name	of Requestor:								
Emplo	yer/Company: (if	applicable)							
Mailin	g Address:			City:		State:	Zip:		
	ential Address:					State:			
	ne Phone #: ()			icense #:				
Daytii	ne rnone #. (,		Driver i					
3. S	earch Informat	ion: This section mus	st be complete.		4. Drivin	g Records Fees			
			-		Make (checks payable to: Mo	otor Vehicle Division	n	
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Full N	ame:				☐ Driving☐ Certifie	d Driving Record = \$10			
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Personal Information Express Consent Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity. Complete this form if you have checked the first box of the **Intended Use** portion of Section 1 on the Release of Driving Records form (34-0100).

Name:							
Print Full Name							
Driver License #:	Date of Birth:						
Residing at:							
Street	City	State	Zip Code				
I hereby authorize the Department of Justice to release my: Driving Record Vehicle Record To the following individual and/or company:							
Name:							
Print Full Name							
Address:							
Street	City	State	Zip Code				
Under penalty of law (MCA 45-7-203), I certify that the sform are true and correct to the best of my knowledge, i form; and, if signing for a business entity or trust, I have Signature:	nformation, and belief; I a e full authority to do so.						
This is my legal signature	Dat	Δ					
Printed name:	Dut						