



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**OBMV RECORD REQUEST**

(Ohio Revised Code [R.C.] 4501.15, 4501.27, AND 4507.53)

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under R.C. 4501.27. Disclosure of this information is **REQUIRED**. **FAILURE** to provide any information will result in this form not being processed.

▶ **This request is being made by (check one):**

- An individual inquiring regarding himself or herself:** (Complete **Part A**) If inquiring in person for information on yourself, you must provide personal information regarding yourself, or prove your identity by presenting your driver license or identification card.
- An individual inquiring regarding another person:** (Complete **Parts A and B**) If inquiring regarding another individual, you must attach a notarized BMV Form 5008 giving the written consent of the person. All mail requests without the BMV Form 5008 attached will be returned to the requester.
- Other:** (Check applicable reason for request on **Part C**, and complete **Parts A and B**)

▶ **I am requesting the following personal information contained in the Bureau of Motor Vehicles records:**

<input type="checkbox"/> Driving Record [302] (\$5.00)	<input type="checkbox"/> Copy of Title Record (\$5.00)
<input type="checkbox"/> Last Known Address [405] (Mail in Only) (\$5.00)	<input type="checkbox"/> Vehicle Registration Record [303] (\$5.00)
<input type="checkbox"/> Cosigner w / Date of Loss- _____ [405] (Mail in Only) (\$5.00)	
<input type="checkbox"/> Copy of Driver License Application [405A] (\$5.00)	

<b>PART A: Please provide current information regarding yourself:</b>		↓ <b>NOTE: SIGNATURE REQUIRED</b> ↓	
YOUR NAME (REQUESTER)	DATE OF BIRTH	<b>SIGNATURE</b> X	DATE
COMPANY NAME (IF APPLICABLE)		BMV ACCOUNT # (IF APPLICABLE)	
CURRENT STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE # / FAX #	**EMAIL ADDRESS (PLEASE PRINT LEGIBLY)		
*SOCIAL SECURITY # (OPTIONAL)	DRIVER LICENSE # (IF APPLICABLE)	LICENSE PLATE # (IF APPLICABLE)	
VEHICLE IDENTIFICATION # (IF APPLICABLE)	TITLE # (IF APPLICABLE)		

<b>PART B: Request regarding other person(s):</b>			
PERSON'S NAME		DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
*SOCIAL SECURITY # (OPTIONAL)	DRIVER LICENSE #	LICENSE PLATE #	
VEHICLE IDENTIFICATION #	TITLE #		

If requesting information on more than 1 person or vehicle, attach additional sheet(s):  Additional sheet(s) attached

Make check or money order payable to **Ohio Treasurer of State**. If mailing, return to: **Ohio Bureau of Motor Vehicles, Attn: BMV Records, P.O. Box 16520, Columbus, Ohio 43216-6520. Results will be sent to requester.**

\* **It is not necessary that you provide a Social Security #. However, in order to best assist you with your request, please provide the Ohio BMV with as many identifiers as possible.**

\*\* If you would like the BMV to email your record request:  Email my record request (Include valid email address above)  
**Please Note** – Due to security concerns, if the email address you provided is invalid, the record(s) will be mailed to the requester's address listed in Part A.