



Department of Revenue and Regulation  
 Division of Motor Vehicles  
 445 East Capitol Avenue  
 Pierre, SD 57501-3185

# Driver's Privacy and Protection Act

## Attn: Motor Vehicle Record Requester

In accordance with the provisions of the Federal Driver's Privacy and Protection Act, a written form must be submitted to the South Dakota Division of Motor Vehicles before certain specific information can be released. Please complete this form and return it, along with any applicable required fee, to this office. **Note: The form must be signed, dated and notarized and accompanied by the appropriate fee before your request will be processed.** Completed forms should be sent to:

SD Division of Motor Vehicles  
 Attn: Records Search Section  
 445 East Capitol Avenue  
 Pierre, SD 57501-3185

Please indicate the nature of your request:  Record Search (\$2.00 fee - computer screen printout)  
 Title History (\$5.00 fee - copies of paperwork on microfilm)  
 Damage Disclosure only (\$5 fee - no personal information)

If you have any questions, please contact this office at 605-773-3541. Thank you for your cooperation.

**Instructions:** Only applicants who meet the criteria outlined in Section C are eligible to obtain restricted information. **Only one record allowed per request.** Please print your answers clearly.

### SECTION A - Requestor Information

Name of Individual Requesting Information: \_\_\_\_\_

SD Driver's License # or Social Security #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Federal Employee Identification Number (FEIN): \_\_\_\_\_

Representing (Firm, Partnership, Corporation): \_\_\_\_\_

Street Address (Physical Location): \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Mailing Address (If Different): \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

### SECTION B - Request to Obtain South Dakota Motor Vehicle Record

Name of Record Holder Being Requested: \_\_\_\_\_

SD Drivers License # or Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Vehicle Type (ex.car, motorcycle, etc.): \_\_\_\_\_

SD Title/VIN#: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State of License: \_\_\_\_\_

**SECTION C - Authorization for Release of Information**

I/we hereby certify that I/we are requesting South Dakota motor vehicle records under the provisions of the Federal Driver's Privacy and Protection Act. I/we are authorized to obtain these records and personal information based on the following **(please review carefully and check the appropriate entry that allows you authorization to obtain motor vehicle record information)**. Please be sure to review all of the choices on this page when checking appropriate authorizations.

- As authorized by the record owner (include completed Record Holder Release of Information Authorization Form found in Section D on back page of this booklet).
- For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a government agency in carrying out its functions. (No fee)
- For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only:
  1. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors, and
  2. If such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual (Include Sales Tax or Dealer #: \_\_\_\_\_)
- For use in connection with any civil, criminal, administrative or arbitral proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to any order of any court.
- For use by an insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, anti-fraud activities, rating or underwriting.
- For use in providing notice to the owners of towed, impounded, or abandoned **(any motor vehicle left on a public street or highway or left on private property without the permission of the landowner or tenant)** vehicles. (No fee)
- For use by any licensed private investigative agency or licensed security service for any purpose permitted under the Federal Driver's Privacy and Protection Act.

**(Private Investigators must complete the following:)**

\_\_\_\_\_ (SD Sales Tax #) \_\_\_\_\_ (State Licensed In) \_\_\_\_\_ (License #)

- For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the Commercial Motor Vehicle Safety Act of 1986 (49 U.S.C. App. 2710 et seq.).

***You must check the box(es) that apply to you, sign and date the form, and have your signature notarized before your request will be processed.***

I certify under penalty of perjury that all information completed is true and correct, and the willful, unauthorized disclosure of information from any department record for a purpose other than that stated in the request, or the sale or other distribution of the information to a person or organization not disclosed in the request may be subject to liability in a civil action brought by the driver to whom the information pertains and may result in penalties imposed under Title 18 U.S.C. Section 2724.

\_\_\_\_\_ (Signature of Requestor) \_\_\_\_\_ (Date)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on: \_\_\_\_\_

(Seal)

\_\_\_\_\_ (Notary Public Signature)

***If your request for information has been authorized by the record owner, you must include a notarized affidavit from the record holder that gives a complete description of the vehicle and that authorizes the release of the information.***

**SECTION D – RECORD HOLDER RELEASE OF INFORMATION AUTHORIZATION**

**RECORD HOLDER PERSONAL INFORMATION (ONLY COMPLETE IF RECORD HOLDER IS GIVING EXPRESSED AUTHORIZATION)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip Code

SD Driver's License # or Social Security #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**MOTOR VEHICLE RECORD INFORMATION**

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Title #/VIN#: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE**

I hereby give my authorization for the release of all information contained in the Division of Motor Vehicles' files on the above listed vehicle to the following:

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Signature of Registered Owner of Record

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

ONLY ONE RECORD PER REQUEST. QUESTIONS CAN BE DIRECTED TO: DMV, 445 EAST CAPITOL AVE., PIERRE SD 57501; 605/773-3541.