

DRIVER HISTORY ABSTRACT APPLICATION REQUEST

A separate form must be completed for each record requested. You may photocopy this form for your convenience; however, each request must bear an original signature of the requestor. **No other form of request will be accepted.** The proper fee(s) must accompany each request in the form of a check or money order payable to: New Jersey Motor Vehicle Commission. **DO NOT SEND CASH.** If you have any questions or need to obtain the status of a request sent by mail, please call the phone number above.

ALL APPLICANTS MUST COMPLETE SECTIONS A, B & D OF THIS FORM. (Please print clearly)

FEE: \$15 PER RECORD SEARCH

SECTION A - Requestor Information					
Applicant's Name:					
Business Name (if applicable):			Phone #:		
Street Address:					
City:		State:		Zip Code:	
*Applicant's Driver License Number:					
<ul style="list-style-type: none"> If you are requesting your own record, you must include a photocopy of your current license OR a photocopy of a passport, birth certificate, or any valid state or federally issued ID. If you are requesting another's record, you must include a photocopy of YOUR current ID. 					
SECTION B - Information Requested (must include complete driver license number or complete driver name, address and date of birth)					
I am requesting information on	MY OWN RECORD <input type="checkbox"/>	ANOTHER'S RECORD* <input type="checkbox"/>	New Jersey Driver License Number:		
<ul style="list-style-type: none"> If you are requesting another's record, you MUST complete Section C of this application on pages 2-3. <ul style="list-style-type: none"> ALL applicants must read, and sign Section D of this application located on page 4. 					
Name:		Date of Birth:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:					
City:		State:		Zip Code:	
CHECK ONE	Certified Complete Record \$15 PER SEARCH <input type="checkbox"/>		Certified 5 Year Record \$15 PER SEARCH <input type="checkbox"/>		
SUPPORTING DOCUMENTS REQUESTED (Include the specific date you want covered for each document) Please submit separate checks – One for the Driver Abstract and one for each Supporting Document requested					
Order of Suspension \$15 <input type="checkbox"/> Date:	Schedule of Suspension \$15 <input type="checkbox"/> Date:	Restoration Notice \$15 <input type="checkbox"/> Date:	Mailing List \$15 <input type="checkbox"/> Date:	Summons \$15 <input type="checkbox"/> Date:	Accident Report \$5 <input type="checkbox"/> Date:

****IF YOU REQUIRE THE ISSUE DATE OF YOUR DRIVER LICENSE, YOU MUST SUBMIT THE DO-11 FORM.**

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SECTION C – PURPOSE FOR THE REQUEST (required ONLY when requesting another’s record)

PLEASE READ THE BELOW SECTION OF THE NEW JERSEY DRIVER PRIVACY PROTECTION ACT, INITIAL NEXT TO THE PERMITTED USE(S) THAT APPLY TO YOUR SPECIFIC USE OF THE MVC RECORDS. THEN PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

USES PERMITTED BY N.J.S.A. 39:2-3.4(c)

_____ For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a federal, State or local agency in carrying out its functions.

If acting on behalf of a federal, State or local agency, please include a copy of an individual release consent form, the agreement with the client, or other proof that you have been retained to conduct an investigation.

_____ For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles; motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and the removal of non-owner records from the original owner records of motor vehicle manufacturers.

Please include the documentation supporting your request if the information is to be used for motor vehicle emissions, recalls or advisories, etc.

_____ 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 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.

Please include a copy of the individual release consent form.

_____ For use in connection with any civil, criminal, administrative or arbitral proceeding in any federal, State or local court or agency or before any self-regulating body, including service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, State or local court.

Please include the Docket number and a letter from the client confirming that you have been retained. Please provide an explanation if no docket number has been assigned.

_____ For use in educational initiatives, research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only to organ procurement organizations as aggregated, non-identifying information.

Please include a description of the initiative or research on official letterhead.

_____ For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.

Please include supporting documents for intended use.

_____ For use in providing notice to the owners of towed or impounded vehicles.

Please include proof of authorization to tow or impound vehicles.

_____ 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, “ 49 U.S.C. App. §2710 et seq.

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Please include a copy of an individual release consent form, a copy of the insurance policy, and a copy of the agreement if done on behalf of a client.

_____ For use in connection with the operation of private toll transportation facilities.

If your request does not fall under one of the above reasons:

_____ For use by any requestor, if the requestor demonstrates it has obtained the **notarized written consent of the individual to whom the information pertains.**

_____ For use by an organ procurement organization designated pursuant to 42 U.S.C. §1320b-8 to serve in the State of New Jersey, or any donor registry established by any such organization, exclusively for the purposes of determining, verifying, and recording organ and tissue donor designation and identity.

Please include proof that your organization is authorized to serve in one of the capacities listed.

Explanation of reason

Please explain in detail your reason for requesting the information and how you plan to use it. If involving a lawsuit, please state the type of lawsuit and your relationship to the case.

SECTION D – TERMS AND CONDITIONS

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The disclosure and use of the personal information¹ contained in the record you have requested is governed by the "New Jersey Drivers' Privacy Protection Act" ("NJDPAA"), N.J.S.A. 39:2-3.3 et seq. The NJDPAA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney's fees and litigation costs.

¹ "Personal Information" means information that identifies an individual, including an individual's photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. ("NJDPAA") and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPAA.

I agree to hold the New Jersey Motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another's record, I certify that:

- 1) Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
- 2) The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
- 3) If the information requested is to be used "in anticipation of litigation," pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
- 4) In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and federal laws that require notification of individuals in the event of unauthorized release of Personal Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

Signature of Applicant (original signature only - signature stamps are unacceptable)

Date