



South Carolina Department of Motor Vehicles

Request for Vehicle Information

5027-A
(Rev. 6/19))

South Carolina and federal law dictates that motor vehicle and driver's license records maintained by the SCDMV may be disclosed in certain situations. For further details on the disclosure of personal information and the types of information disclosed, go to the SCDMV website www.scdmvonline.com/Privacy.

Processed in DMV Headquarters ONLY MAIL TO: Titles Mail-In Unit, 10311 Wilson Blvd., Building C, Blythewood, SC 29016-0024
PART 1

Part 1 must be completed before information listed on Parts 2 (single request) or 5 (multiple requests) will be released. Under Federal Law (18 USC, Chapter 123) personal vehicle owner information may be obtained only for certain uses. If you are submitting this form to obtain someone else's record please refer to the Federal Law which defines the following as permissible uses of vehicle information. **CHECK THE BOXES OF PERMISSABLE USES THAT APPLY TO YOU:**

- ☐ A. For use by any government agency in carrying out its functions.
- ☐ B. For business to verify the accuracy of personal information given to that business or its agents by an individual.
- ☐ C. For use in connection with any court proceeding or investigation in anticipation of litigation.
- ☐ D. For use in research activities and in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals. (NOTE: Requests in this category will not be done in branch offices. See "**Caution about Research and Statistical Requests**" on the second page.)
- ☐ E. For use by an insurer for claims investigation, rating or underwriting.
- ☐ F. For use by any customer, if the customer has the written consent of the individual to whom the information pertains.**

**** (OWNER MUST COMPLETE PART 3)**

*** REQUIRED INFORMATION - PLEASE PRINT CLEARLY**

NOTE: The address provided below is where the information from DMV will be mailed.

* **Print Name** of Person/Business Requesting Information _____ Account Number with DMV _____ Fax Number _____ Phone Number _____

* Person/Business Complete Mailing Address _____ City _____ State _____ Zip Code _____

* Signature of Person Receiving Information _____ * Date _____

Under penalty of perjury, I state that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). I further acknowledge that if I misuse this information or give it to someone who uses it for an unauthorized purpose, I may be subject to Federal criminal law as well as a civil lawsuit where the minimum award is \$5,000.00.

PART 2 - Complete this section to obtain information on a single motor vehicle record.

****PLEASE PROVIDE ALL AVAILABLE INFORMATION****

Registered Owner: _____ Tag Number: _____

Date of Birth: _____ Address: _____ Placard #: _____

Year: _____ Make: _____ VIN/Serial #: _____

Information Requested: _____

PART 3 - OWNER CONSENT: (ONLY NEEDED IF "F" IS CHECKED IN PART 1)

I, _____, give consent for the release of my personal information to the person shown above.

Signature of Person Giving Consent _____ Date _____

PART 4 - PLEASE CHOOSE ONE LISTED BELOW: (FEES ARE \$6.00 PER ITEM)

- | | |
|--|---|
| <input type="checkbox"/> Liability Insurance Company Name* | <input type="checkbox"/> Name and Address of Registered Owner (vehicle description) |
| <input type="checkbox"/> Placard Information | <input type="checkbox"/> Plate History |
| <input type="checkbox"/> Title History Basic Information (odometer information included) | <input type="checkbox"/> Title History - Complete (with supporting documents) |
| <input type="checkbox"/> Vehicle by Customer | <input type="checkbox"/> Vehicle Title Information (current owner and lienholder information) |

*The insurance information provided in this report is the most recent information in our records but may not reflect actual current coverage.

MAKE CHECKS PAYABLE TO: SC DEPARTMENT OF MOTOR VEHICLES. CASH IS NOT ACCEPTED.

HEADQUARTERS USE ONLY

Office Code _____

Employee's Signature Processing Request _____

Date _____



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PART 5 - Complete this section to obtain information for multiple requests.

SPECIAL INSTRUCTIONS FOR RESEARCH AND STATISTICAL REQUESTS:

These requests are processed at SCDMV Headquarters in Blythewood. The requestor must mail this form along with a cover letter providing any other details needed. In addition, the cover letter should state that the information will not be published, redisclosed in any fashion, or used to contact individuals. **Mail to: Titles Mail-In Unit, 10311 Wilson Blvd., Building C, Blythewood, SC 29016-0024.** The Titles Mail-In Unit will advise the requestor of the cost to provide this information.

HOW TO OBTAIN A COPY OF THE FEDERAL DRIVER PRIVACY PROTECTION ACT, 18 USC, CHAPTER 123: Most public libraries have copies of the United States Code. 18 USC, Chapter 123 can also be found on the internet (from your home or at the library) by going through the Cornell Law School Website. At the time this form was printed, the address was: www4.law.cornell.edu/uscode. The Driver Privacy Protection Act can be found at: www4.law.cornell.edu/uscode/html/uscode18/usc_sec_18_00002721----000-.html.

License Plate Number	Year/Make	Serial Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Last Name	First Name, MI	Last Known Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

HEADQUARTERS USE ONLY

Office Code

Employee Signature Processing Request

Date