



South Carolina Department of Motor Vehicles LAW ENFORCEMENT OR GOVERNMENT AGENCY REQUEST FOR INFORMATION

AD-900A
(Rev. 08/2021)

Email completed forms to Request@scdmv.net. Call 803-896-9688 for questions.

This form must be completed by law enforcement or other government agencies prior to the release of SCDMV information. Federal law (18 USC, Chapter 123) defines permissible uses for obtaining driver and vehicle information. In order for SCDMV to release any information, the requestor must affirm that he/she is entitled to receive and use the information. Person(s) seeking clarification of permissible uses should read the full text of the Driver's Privacy Protection Act of 1994 (18 USC, Chapter 123 as amended). Allow two business days for processing depending on the extent of research required.

Under penalty of perjury, I affirm that I am entitled to receive and use this information as permitted under the Driver's Privacy Protection Act of 1994. 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 (fine of up to \$5,000 per day) as well as a civil lawsuit for actual damages (not less than \$2,500), punitive damages, and attorneys' fees and costs. I understand that SCDMV reserves the right to take steps necessary to ensure the integrity of federally protected customer information by restricting access or requiring additional documentation to ensure lawful use. I agree to these terms and conditions by providing my information below.

The requested information is being used by a government agency in carrying out its official functions. YES NO

I certify that this information is being used for: **Law Enforcement Investigation**

CASE NUMBER/COURT DOCKET NUMBER: _____

Officer/Agent Name _____ Agency Name _____ Badge/Employee ID # _____ Date of Request _____

Phone Number _____ Email Address _____ Alternate Phone Number _____ Fax Number _____

INFORMATION NEEDED (Check all that apply.)

DRIVER INFORMATION		VEHICLE INFORMATION	
<input type="checkbox"/>	Name and Address of Driver	<input type="checkbox"/>	Name and Address of Registered Owner
<input type="checkbox"/>	Driver's License Points and Status	<input type="checkbox"/>	Vehicle Title Information
<input type="checkbox"/>	Ticket/Suspension Information	<input type="checkbox"/>	Vehicle Description
<input type="checkbox"/>	Photo	<input type="checkbox"/>	Insurance Information
<input type="checkbox"/>	Other (please explain):	<input type="checkbox"/>	Other (please explain):

INFORMATION AVAILABLE (Fill in any relevant identifying information.)

NAME: _____

DL/BP/ID #: _____ **DOB:** _____ **GENDER:** M F

ADDRESS: _____

LICENSE PLATE #: _____ **VIN:** _____

VEHICLE MAKE: _____ **MODEL:** _____ **YEAR:** _____

ADDITIONAL INFORMATION: _____