



# United States of America Republic Official Verification Request



## United States of America Republic Bureau of Motor Vehicles Driver's License Verification Request Form

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### Requesting Entity type:

- ☐ Law Enforcement Requesting Verification
  - ☐ Courts Requesting Verification
  - ☐ Employment Requesting Verification
  - ☐ Self Requesting Verification
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### Provide Requesting Entity's Information:

- Entity Name: \_\_\_\_\_
  - Entity Address: \_\_\_\_\_
  - Business ID No:(may not apply)\_\_\_\_\_
  - Contact Person: \_\_\_\_\_
  - Title/Position: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email Address: \_\_\_\_\_
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### Reason for Verification Request:

(Please select one or more reasons for the verification request)

- ☐ Employment Verification
  - ☐ Legal Investigation
  - ☐ Court Order or Legal Subpoena
  - ☐ Other (Please specify): \_\_\_\_\_
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**Request Details:**

- Purpose of Request (brief description of the reason for verification):

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- Type of Verification Requested:

- ☐ Validity of Driver's License or ID
- ☐ Validity of Vehicle Registration
- ☐ History of License (Accidents, Violations, Suspensions)
- ☐ Driving Record Request
- ☐ Other (Please specify): \_\_\_\_\_

**Driver's License Holder Information:**

- Full Legal Name of License Holder: \_\_\_\_\_  
(Last, First, Middle)
- Date of Birth (MM/DD/YYYY): \_\_\_\_\_
- DL/ID Number: \_\_\_\_\_
- State of Issuance: \_\_\_\_\_
- License Expiry Date (if applicable): \_\_\_\_\_
- Current Address of License Holder (if available):

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**Vehicle Registration Information:**

- Full Legal Name of License Holder: \_\_\_\_\_  
(Last, First, Middle)
- Driver's License Number: \_\_\_\_\_
- VIN Number: \_\_\_\_\_
- File Number: \_\_\_\_\_
- Issue Date (if applicable): \_\_\_\_\_
- Expire Date (if applicable): \_\_\_\_\_

- Address Provided on the face of the Registration card:

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**Authorization:**

I hereby request the United States of America Republic's Department of Motor Vehicles to provide the requested driver's license verification information as authorized by applicable United States of America Republic laws. I certify that the information provided above is true and correct to the best of my knowledge, and that the purpose of this request complies with all relevant legal requirements.

**Penalty and Perjury:**

I verify or state under penalty of perjury under the laws of the United States of America Republic that the foregoing is true and correct.

- **Signature of Authorized Representative:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Agency Seal (if applicable):** \_\_\_\_\_

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**Instructions for Submission:**

- Please complete this form in full.
- Submit the completed form, along with any necessary supporting documentation, to the **United States of America Republic Department of Motor Vehicles** via the following means:
  - **Mail:** 1499 MLK DR, STE 64102, PROVINCE IN, 46401.
  - **Email:** bmv.usar@gmail.com (PDF FORMATE ONLY)
  - **Fax:** 1(773) 364-7589

For any inquiries regarding this form, please contact the **BMV Verification Office** by email or fax.

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**Office Use Only:**

- **Request Received By:** \_\_\_\_\_
- **Date Received:** \_\_\_\_\_
- **Action Taken:** \_\_\_\_\_
- **Verification Results:** \_\_\_\_\_
- **Date Processed:** \_\_\_\_\_