STATE OF CALIFORNIA
- I

REQUEST FOR VEHICLE/VESSEL

FEE:	\$20.00	PER	YEA
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Department of Motor Vehicles	PHOT	O HISTORY INFORMA	TION	DATE	
·					
				VENDOR REQUESTER COD	E
Please print or type. Form must be submitted in duplicate.					
NAME OF REQUESTER				VENDOR AGREEMENT NO.	
				1 1 1	
TELEPHONE NUMBER		CONTACT PERSON		USER REQUESTER CODE	USER AGREEMENT NO.
()				1 1 1 1	
	VEHICLE/VES	SEL DESCRIPTION		RECO	RD TYPE
LICENSE/CF NO.		VIN/HIN		MAKE	OWNER HISTORY YEAR(S)
11111	1 1 1 1		1 1 1		
REQUESTED BY (SIGNATURE)		DRIVER LICENSE/ID NO.		CERTIFY	
	DMV US	E ONLY			
OPERATOR NUMBER AND DATE		BILLING UNIT			HISTORY DOCUMENTS) REQUESTED
TECHNICIAN		MAIL DATE			
TOTAL CHARGES					
		Send yo	our request t	P.Ö. Box 944	of Motor Vehicles 247, Mail Sta G199 CA 94244-2470
INF 1124 (REV.7/2004) WWW	Distribution: Re	turn both copies to DMV	Retain a cop	y for your record	

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VEHICLE/VESSEL DESCRIPTION		RECC	RECORD TYPE	
LICENSE/CF NO.	VIN/HIN	MAKE	OWNER HISTORY YEAR(S)	
LICENSE/CF NO.	VIN/HIN	MAKE		
LICENSE/CF NO. REQUESTED BY (SIGNATURE) X	VIN/HIN	MAKE CERTIFY		
		CERTIFY	YEAR(S)	
		CERTIFY		

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Send your request to: Department of Motor Vehicles

P.O. Box 944247, Mail Sta G199 Sacramento, CA 94244-2470

TOTAL CHARGES

STATE OF CALIFORNIA