



REQUEST FOR VEHICLE/VESSEL PHOTO HISTORY INFORMATION

FEE: \$20.00 PER YEAR

Please print or type. Form must be submitted in duplicate.

NAME OF REQUESTER		DATE	
TELEPHONE NUMBER ()		VENDOR REQUESTER CODE	
CONTACT PERSON		VENDOR AGREEMENT NO.	
		USER REQUESTER CODE	USER AGREEMENT NO.

VEHICLE/VESSEL DESCRIPTION		RECORD TYPE	
LICENSE/CF NO.	VIN/HIN	MAKE	OWNER HISTORY YEAR(S)

REQUESTED BY (SIGNATURE) X	DRIVER LICENSE/ID NO.	<input type="checkbox"/> CERTIFY
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DMV USE ONLY	
OPERATOR NUMBER AND DATE	BILLING UNIT
TECHNICIAN	MAIL DATE
TOTAL CHARGES	

NO PHOTO HISTORY DOCUMENTS FOR YEAR(S) REQUESTED

Send your request to: Department of Motor Vehicles
P.O. Box 944247, Mail Sta G199
Sacramento, CA 94244-2470

Distribution: Return both copies to DMV Retain a copy for your record



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