



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
--------------------------------------	-----------------------	----------------------------------

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



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
--------------------------------------	-----------------------	----------------------------------

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