



MOTOR VEHICLE REQUEST FOR RECORDS

| SECTION 1 – Information Requested | | Check type of record desired | Fee: (Per Record) |
|---|---|------------------------------|-------------------|
| <input type="checkbox"/> | Oklahoma Driving Record Summary (State law limits this summary or Motor Vehicle Report (MVR) to three years.) | | \$25.00 |
| TOTAL DUE | | | |
| For certified copies, please add \$3.00 per record to the amount due for a total of \$28.00 . | | | |
| This report is for yourself: <input type="checkbox"/> Yes (Complete Section 2 and 3) <input type="checkbox"/> No (Complete Section 2, 3, 4, and 5) | | | |
| SECTION 2 – Driver Information | | | |
| All information required | | | |
| Name: Last, First, Middle | Driver License Number: | Sex: | Date of Birth: |
| SECTION 3 – Requestor Information | | | |
| All information required | | | |
| Name: Last, First, Middle | Telephone Number: | Email Address: | |
| Mailing Address: | City: | State: | Zip: |
| SECTION 4 – Business, Organization, or Entity Information | | | |
| All information required | | | |
| Name of Business, Organization, or Entity: | Requestor's Title: | Type of Business: | |
| SECTION 5 – Reason for Request | | | |
| Check all that apply (If none apply, complete Section 6) | | | |
| <input type="checkbox"/> Government agency (federal, state, or local including court or law enforcement) for carrying out its functions. | | | |
| <input type="checkbox"/> Legal in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court. | | | |
| <input type="checkbox"/> Research Activities or Statistical Reports (personal information shall not be published, re-disclosed, or used to contact individuals). | | | |
| <input type="checkbox"/> Insurance company, insurance support organization, self-insured entity for claims investigation, anti-fraud, rating, or underwriting activities. | | | |
| <input type="checkbox"/> Licensed private investigative agency or licensed security service for any purpose permitted under 18 U.S.C. § 2721, subsection (b). | | | |
| <input type="checkbox"/> Employer of commercial driver license holder to obtain or verify information required under 49 U.S.C. § 31304. | | | |
| <input type="checkbox"/> Other for use specifically authorized under the laws of the State of Oklahoma related to the public safety. Statutory citation: _____ | | | |
| Driver Written Consent | | | |
| CONSENT TO RELEASE by Person Named in Request [consent to release is required if none of the reasons above apply.] | | | |
| By signing below, the driver identified above grants consent to Service Oklahoma or any licensed operator to release these records to the requestor. | | | |
| Driver Signature: | | Date: | |
| Affirmation | | | |
| Pursuant to 12 O.S. § 426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of their duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and their obligations to use such information only of the purposes set out therein and their civil and criminal liabilities if they violate these duties, and their obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Service Oklahoma and OK.gov from all liability and penalties associated with me or my successor' or assignees' wrongful use and/or release of such information. | | | |
| Requestor Signature: | | Date: | |
| Please return the records via: <input type="checkbox"/> Requestor's mailing address (please include a self-addressed, stamped envelope with form) <input type="checkbox"/> Requestor's email address | | | |

MOTOR VEHICLE REQUEST FOR RECORDS FORM INSTRUCTIONS

Please fill out all required sections on the Request for Records.

Individual Motor Vehicle Reports (MVRs) may be obtained in person at Service Oklahoma (SOK) locations or a licensed operator, by mail, by email, or online at https://pay.apps.ok.gov/dps/mvr/app/individual/individual_start.php. By law, you are only allowed to obtain your own MVR (driving record for the past three years). [47 OS § 6-117 D] See 47 OS § 6-117 E and F for clarification on the exceptions to obtaining a driving record that is not your own.

SOK does not issue national driving records and is not affiliated with DocViews.

As required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. § 2721, et seq., SOK or any licensed operator will not release personal information from the driving record unless the driver consents by waiving their right to privacy under the DPPA or unless SOK is required or authorized by DPPA to release personal information without the driver's consent as enumerated in Section 5 of the Request for Records form.

Fees

The fee for an MVR is \$25.00. The fee is waived for anyone 65 and older when requesting an MVR for themselves per 47 OS § 6-117 D. If the person is requesting a certified copy, there will be a \$3.00 certified copy fee per 47 OS § 2-110. A certified copy of an MVR will total \$28.00.

Accepted Forms of Payment

SOK accepts payment as indicated below.

Mail

Cashier's check
Money order
Business check

In-Person

Cashier's check
Money order
Business check
Cash
Credit or debit card

Online

Credit or debit card

Mailing Instructions

Mail completed form, a self-addressed stamped envelope, and total amount due to **(please do not mail cash)**:

Service Oklahoma

Business Support Services
PO Box 11415
Oklahoma City, OK 73136-0415

SOK will not mail documents as cash on delivery (C.O.D.). Please do not use Federal Express (FedEx) or United Parcel Service (UPS) for your self-addressed stamped envelope.

Email Instructions

The completed form can be emailed to sokrecords@service.ok.gov. The total amount can be mailed to the address noted above. Records returned by email will be sent as an encrypted email to the email address provided by the requestor.

In Person

Present the completed form and total amount due (see above for payment options) in person at any licensed operator location or at:

Service Oklahoma

6015 N Classen Blvd
Oklahoma City, OK 73118

SOK LOCATIONS

<https://oklahoma.gov/service/locations/driving-auto-locations.html>