

NC DMV
Driver License Section

Driver Privacy Protection Act Request Form (DL-DPPA-1)

(To ensure correct processing please read and complete this form carefully)

Chapter 123, Section 2721 of the U.S. Code (Driver Privacy Protection Act) and N.C. General Statutes 20-43.1 require that personal information in DMV records be closed to the public. This refers to:

1. Name
2. Address
3. Driver License or ID number (also called customer number or control number)
4. Phone number*
5. Social Security Number (SSN) *
6. Medical and Disability Information*
7. Photos*

* Access to this information is further restricted by various state and federal laws.

General Purpose of DPPA: The Division of Motor Vehicles and any officer, employee, or contractor of the DMV shall not knowingly disclose or otherwise make available to any person or entity personal information about any individual obtained by the DMV in connection with a motor vehicle record.

Personal information MAY be disclosed as follows: **(CIRCLE the exemption number below that qualifies you to receive records)**

1. For the applicant's own personal record.
2. For use by any **government agency** in carrying out its function, or for use by any private person or entity acting **on behalf of** a government agency (List agency name: _____)
3. For use in matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls or advisories, performance monitoring of motor vehicles, motor vehicle parts and dealers, motor vehicle market research activities, including survey research, and removal of non-owner records from the original owner records of motor vehicle manufacturers.
4. For use in the normal course of business by a legitimate business, but only:
 - a. to verify accuracy of personal information
 - b. to obtain correct information, but only for the purposes of:
 - 1) preventing fraud by the individual
 - 2) pursuing legal remedies against the individual
 - 3) recovering a debt or security interest against the individual
5. For use in connection with any civil, criminal, administrative or arbitration proceeding in any federal, state or local court or agency (includes the execution or enforcement of judgments and orders or court orders).
6. For use in research activities and statistical reports, provided that personal information must not be:
 - a. published
 - b. redispensed
 - c. used to contact individuals
7. For use by insurance companies in connection with claims investigation, anti-fraud activities, rating or underwriting.
8. For use in providing notice to owners of towed or impounded vehicles.
9. For use by private investigators or licensed security service for any of the purposes listed herein. (Please provide NC Private Investigator License # _____)
10. For use by employers to verify information regarding CDL.
11. For use by any requester who has obtained written consent of the individual to whom the information pertains. Attach a copy of the written consent.
12. For use in connection with the operation of private toll transportation facilities.

Part I - Request for Driving Records (DR) / Address History

I am requesting a driver license record (DR) for the following person(s), enter name as it appears on the NC driver license:

NCDL/ID # _____ Name _____ DOB _____ SSN _____

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NCDL/ID # _____ Name _____ DOB _____ SSN _____

(If more than 10 DRs are needed, a separate sheet may be attached with all the above information for the additional DRs)

Please indicate the type DR you are requesting, fees are set by NCGS 20-26(c) and are as follows:

Certified Complete History - \$11.00
(meets Court requirements)

Uncertified Complete - \$8.00
History

Uncertified Limited - \$8.00
History (3 years)

Address History - \$10.00

Uncertified Limited - \$8.00
History (7 years)

I am qualified to receive this information under the category circled on Side 1 (see items 1-12). I understand that I may not re-disclose this information except for the reasons listed on side 1.

Requested by: Full name (print) _____ Date _____

NCDL/ID # _____ DOB _____ SSN or ITIN _____

Signature (**Required**) _____
(Date) _____

Mailing Address _____ City _____

State _____ Zip Code _____ Telephone # _____

*If ordered by mail, please allow **10 business days processing time**, this DOES NOT include US Postal Service delivery to or from the DMV. Make checks payable to NCDMV (ensure that your driver license number is printed or written on your check or money order). Mail requests to NCDMV, Driver License Records Unit, 3113 Mail Service Center, Raleigh NC 27699-3113*

NOTICE: It is unlawful for any person to make false representation to obtain any personal information from an individual motor vehicle record.