



REQUEST FOR VEHICLE/VESSEL AUTOMATED RECORD INFORMATION

DATE	PAGE NO.
ATTN	
VENDOR REQUESTER CODE	

PLEASE PRINT OR TYPE — FORM MUST BE COMPLETED AND SUBMITTED IN DUPLICATE

VENDOR NAME	TELEPHONE NO. ()	VENDOR AGREEMENT NO.
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VEHICLE/VESSEL DESCRIPTION						INFO/SERVICE REQUESTED	
	User Requester Code (5 bytes)	User Agreement No. (6 bytes)	License/CF No. (7 bytes)	VIN/HIN Required for Lien Sale (17 bytes)	Automated History Years (4 bytes)	As of Date	Certify
1.							
2.							
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15.							

TOTAL NO. OF REQUESTS	REQUESTED BY (SIGNATURE)	DRIVER LICENSE/ID NO.
DMV USE ONLY	OPERATOR NO. AND DATE	VERIFIED BY TECH:
		DATE RECEIVED

MAIL TO: DEPARTMENT OF MOTOR VEHICLES, ISB Commercial Operations H265, P. O. BOX 944247, SACRAMENTO, CA 94244-2470
ORIGINAL AND ONE COPY TO DMV

