

Application for Vehicle Registration Information (For Vehicle Insurance Claims Investigations Only)

A separate form must be completed for each record requested. You may photocopy this form for your convenience; however, each request must bear an original signature of the requestor. If you are submitting a VIN# or license plate number, the proper fee must accompany each request in the form of a check or money order payable to the New Jersey Motor Vehicle Commission. Please do not send cash. If you are only submitting either a driver license number or driver name along with address and date of birth, please do not enclose a blank check. You will be contacted by the New Jersey Motor Vehicle Commission with the total amount due once your request has been processed.

FEE: \$15 PER RECORD SEARCH *

SECTION A - Requestor Information		
Requestor's Name:	Private Investigator's License # (if applicable):	
Business Name:	Program Account Number:	
Street Address:		
City:	State:	ZIP Code:
Business Phone Number:	Requestor's Driver License Number:	
SECTION B – Insurance Company Information (Insurance company that you are performing vehicle claim investigation on behalf of)		
Insurance Company Name:	Phone #:	Contact Name:
Street Address:		
City:	State:	ZIP Code:
SECTION C - Vehicle Information Requested (Submit at least one of the following) a) VIN # b) N.J. Plate # c) N.J. Driver License # d) Vehicle Owner Name, Address and Date of Birth		
Vehicle Identification Number (VIN):	Date You Want Covered:	_____/_____/_____ Month Day Year
New Jersey Plate Number:	Vehicle Owner New Jersey Driver License Number:	
Vehicle Owner Name:	Vehicle Owner Date of Birth:	
Vehicle Owner Street Address:		
City:	State:	ZIP Code:

*** Please note that you will be charged for each search conducted.** A fee of \$15 will be assessed for each vehicle registration and insurance record search that coincides with a specific date as provided in the request. A fee of \$15 will be assessed for a driver license number search when no subject driver license is provided. If you provide name, address and date of birth only or only a driver license number, it may require a search of multiple vehicle records. Some or all of the vehicles may not match the date criteria that you have provided however, you will be charged \$15 for each vehicle search conducted.

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SECTION D – REASON FOR THE REQUEST

PLEASE PROVIDE A WRITTEN EXPLANATION OF THE REASON FOR YOUR REQUEST AND INTENDED USE OF THE INFORMATION.

(Please in explain in detail your reason for requesting the information and how you plan to use it.)

Explanation of reason:

SECTION E – TERMS AND CONDITIONS

I hereby certify that the foregoing statements are true. I understand that if any of the statement are willfully false, I am subject to civil, administrative and/or criminal penalty. I have read N.J.S.A. 39:2-3.3, et. seq. (“the New Jersey Drivers’ Privacy Protection Act”) and I certify that I am requesting access to this program for the purpose of obtaining records only for the purpose of investigating insurance claims pursuant to N.J.S.A. 39:2-3.4 c (6) (“For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting”). I will only use any personal information contained in any records I have requested as permitted by N.J.S.A. 39:2-3.4 c (6). If I am applying as a private investigator or an employee of a company/entity obtaining records on behalf of one or more insurance companies, I also certify that I am obtaining records only for the purpose of investigating insurance claims on behalf of one or more insurance companies.

Name of Applicant

Date

Signature of Applicant
(Original signature only – signature stamps are unacceptable)