

Driver History Abstract Application Request



Complete a separate form for each record requested. You may photocopy this form for your convenience. For applications other than official Government use, the proper fee(s) must accompany each request in the form of a check or money order payable to: "New Jersey Motor Vehicle Commission." Please supply a separate check for each record request and **DO NOT SEND CASH. Please note that turnaround time is approximately 3-4 weeks.**

MAIL TO:

**New Jersey Motor Vehicle Commission
Business & Government Services
225 East State Street
PO Box 146
Trenton, NJ 08666-0146**

*If you have any questions or need to obtain the status of a request sent by mail, please call 609-2-6100

**ALL APPLICANTS MUST COMPLETE SECTIONS A, B, C, AND E OF THIS FORM. COMPLETE SECTION D, IF APPLICABLE.
(Please print clearly)**

SECTION A – Applicant's Information		
**Please put your <u>CURRENT ADDRESS</u>. Your documents will be mailed to the address that you provide in this section. Mail from the NJMVC is <u>not</u> forwarded.		
Applicant's Name:		
Applicant Type:	<input type="checkbox"/> Individual/Business <input type="checkbox"/> Government/Law Enforcement Entity	Phone Number:
Email Address:		
Business or Government/Law Enforcement Entity Name (if applicable):		
Street Address:		
City:	State:	Zip Code:
Applicant Driver License Number or Government Issued ID Number (Please include a photocopy of your ID):		
For Government or Law Enforcement Applicants: Please include a copy of your current Government issued Identification Card. Otherwise, include a photocopy of your Driver License or a photocopy of a Passport, Birth Certificate, or any valid state or federally issued ID.		
SECTION B – Information Requested On		
NJ Driver License Number (If you do not have the Driver's License number, you <u>MUST</u> supply name, DOB, gender, and address):		
Name:	Date of Birth:	<input type="checkbox"/> M(Male) <input type="checkbox"/> F(Female) <input type="checkbox"/> X(Unspecified)
Street Address:		
City:	State:	Zip Code:
SECTION C - Information Requested. Check all that apply and include the specific date you want covered for each record if applicable. <u>Please supply separate checks for each record.</u>		
<input type="checkbox"/>	Certified Complete Driver History Abstract \$15	
<input type="checkbox"/>	Certified 5 Year Driver History Abstract \$15	
<input type="checkbox"/>	Order of Suspension \$15	Date(s): _____
<input type="checkbox"/>	Schedule of Suspension \$15	Date(s): _____
<input type="checkbox"/>	Restoration Notice \$15	Date(s): _____
<input type="checkbox"/>	Mailing List \$15	Date(s): _____
<input type="checkbox"/>	Summons \$15	Date(s): _____
<input type="checkbox"/>	Accident Report \$5	Date(s): _____

**** IF YOU REQUIRE THE ISSUE DATE OF YOUR LICENSE, YOU MUST SUBMIT THE DO-11 FORM.**



Explanation of reason

Please explain in detail your reason for requesting this information and how you plan to use it. If involving a lawsuit, please state the type of lawsuit and your relationship to the case.

SECTION E – Terms and Conditions

The disclosure and use of personal information * contained in the record you have requested is governed by the “New Jersey Drivers’ Privacy Act” (NJDPAA), N.J.S.A. 39:2-3.3 et seq. The NJDPAA provides that a person who knowingly obtains or discloses information from a motor vehicle record for any use not permitted by the Act is guilty of a crime of the fourth degree and can be held liable, in a civil action in the Superior Court, to the individual to whom the information pertains, including an award of actual damages, punitive damages, and reasonable attorney’s fees and litigation costs.

* “Personal Information” means information that identifies an individual, including an individual’s photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver’s status.

I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to punishment. I have read N.J.S.A. 39:2-3.3, et seq. (NJDPAA) and I have initialed all the permitted purposes that apply to my request for online access. I will only use any personal information contained in records I have requested as permitted by the NJDPAA.

I agree to hold the New Jersey motor Vehicle Commission (NJMVC) harmless in the event of any errors or omissions in the record and document(s) furnished under this application.

If I am requesting another’s record, I certify that:

1. Use of the information provided by the NJMVC pursuant to this Application will only be for the purposes explicitly set forth in this Application;
2. The information provided by the NJMVC pursuant to this Application will not be used for the purpose of commercial solicitation or marketing, political canvassing or campaigning or any similar purpose or objective, and I shall not provide such information to any person or entity that seeks to use such information for any of these purposes;
3. If the information requested is to be used “in anticipation of litigation,” pursuant to N.J.S.A. 39:2-3.4(c)4, personal information will only be used where litigation is imminent or foreseeable, or where the party on whose behalf the information is obtained has made the conscious decision to prepare a claim or defend against a probable claim;
4. In the event of a breach of any of the security obligations or other event requiring notification under applicable law, I shall comply with all applicable State and Federal laws that require notification of individuals in the event of unauthorized release of Person Information, or other event requiring notification, and assume responsibility for informing the NJMVC within twenty-four (24) hours and all such appropriate individuals, including the customer whose information is the subject of the release, in accordance with applicable law and to indemnify, hold harmless and defend the State of New Jersey from, and against any claims, damages, or other harm related to such breach or event. All communications must be coordinated with the State of New Jersey by contacting the NJMVC at 609-341-5777.

Signature of Applicant (original signature only – signature
Stamps are unacceptable)

Date