



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
 DIVISION OF VEHICLE LICENSING

TC 96-16B
 Rev. 05/2020
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**REQUEST FOR PERSONAL INFORMATION PURSUANT TO
 KRS 411.402 & 411.406 THEFT OF MOTOR FUEL**

Mail to: PO Box 2014, Frankfort KY 40601-2014

Note: Title records older than five years are not available.

I, _____, on behalf of _____ hereby request the following:

- Name of Vehicle Owner Address of Vehicle Owner Other (Specify) _____

License Plate Number _____

The requested records are to be used for:

- Commercial Purpose - Please attach a certified statement explaining the commercial purpose for which the records shall be used in accordance with KRS 61.874 (4)(b). A fee of \$3.00 per record requested is required with this completed form. Please make your check or money order payable to the Kentucky State Treasurer.**

Please place initials beside the box you select.

- ____ For use by any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.
- ____ For use in connection with matters of motor vehicle fuel theft.
- ____ For use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court.
- ____ For use by any licensed investigative agency or licensed security service for any purpose permitted under Federal law.
- ____ For use by any requester, if the requester demonstrates written consent from the individual to whom the information pertains.

Pursuant to the Driver's Privacy Protection Act of 1994, 18 U.S.C. Section 2722, it is unlawful for any person to knowingly obtain or disclose personal information from a motor vehicle record, for any use not permitted under 18 U.S.C. Section 2721 (b). I certify that this release of information is permissible for the reason checked above and will only be used as indicated. The undersigned takes full responsibility for any violations of this Act.

Printed name of person making request	Agency or Company (if applicable)
Signature _____	Address _____
Date _____	
STATE OF _____	City _____ State _____ Zip _____
COUNTY OF _____	Email Address _____ Phone _____
Attested before me on this ____ day of _____ 20 ____	DL# _____
	State of Issuance OR Federal ID # _____

Notary/Attesting Official Signature and Title _____

My commission #: _____ **Expiration:** ____ / ____ / ____
 MM DD YYYY

FOR MVL USE ONLY	
Date Processed _____	_____
Fees Collected _____	_____
Clerk's Initials _____	_____