



KENTUCKY TRANSPORTATION CABINET
 Department of Vehicle Regulation
 DIVISION OF VEHICLE LICENSING

TC 96-16B
 Rev. 07/2017
 Page 1 of 1

**REQUEST FOR PERSONAL INFORMATION PURSUANT TO
 KRS 411.402 & 411.406 THEFT OF MOTOR FUEL**

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

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 _____ Date _____

Address _____

STATE OF _____

City _____ State _____ Zip _____

COUNTY OF _____

Email Address _____ Phone _____

Attested before me on this _____ day of _____ 20 _____

DL# _____ State of Issuance _____

Notary/Attesting Official Signature and Title _____

Federal ID # _____

My Commission expires: _____
 MM DD YY

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