

SELECT STATE

Non-California Email or Fax Request Form

Step 1: Enter General Information

COMPANY NAME	REQUESTORS NAME	ACCOUNT #	
REFERENCE OR CLAIM #	PHONE	FAX	
TYPE OF RECORD REQUESTED	Drivers License	Vehicle Registration	Automated Name Search
EMAIL ADDRESS:			

Step 2A: Enter Driver Information

NAME FIRST	LAST	AKA FIRST	AKA LAST
DRIVERS LICENSE	DATE OF BIRTH	SSN#	

Step 2B: Enter License or VIN

VIN #	LICENSE PLATE #
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Step 3: Enter Reason For Request

Requesting My Own Record

The Agent of an Exempt Entity

An attorney Requiring the Information for legal business needs. Provide Attorney Bar Number

A representative of the Insurance industry, a financial institution or private educational with a legitimate business need for the record.

*The employer or prospective employer of the person(s) named on the record. These records are for a legitimate business purpose relating to the person(s) employment or prospective employment. **You must FAX a signed authorization with this request to 800-524-4111.***

A representative of a new or used vehicle dealership or a vehicle rental agency with a legitimate business need for the record

A reporter or news medium with a legitimate business need for this record

*A private investigator for any purpose permitted under the Driver Privacy Protection Act. Please provide your P. I.# and reason for your request. **PI#** **Reason***

Logan Registration Service Inc.

PO BOX 161644
SACRAMENTO, CA 95816.

(916) 457-5787 Phone
www.loganreg.com

STEP 4: SEND YOUR REQUEST

PRINT AND FAX TO:
(800) 524-4111