



We get it right. You get it fast.

ARIZONA MOTOR VEHICLE RECORD REQUEST

[Please complete and fax to AccuSearch]

REQUESTOR'S CONTACT INFORMATION
Your Name: _____ Business Name: _____
Title: _____ Business Address: _____
Phone: _____ City: _____
Fax: _____ State, Zip Code: _____
Email: _____ Nature of Business: _____

TYPE OF ARIZONA MVD REQUEST
[] Driver's Record (39 months)
[] Driver's Record (5 years, certified)
[] Driver's License Photo
[] License Plate Search
[] Vehicle Identification Number (VIN) Search
[] Vehicle History Report
REASON FOR THIS REQUEST

(include title or case number of legal action or insurance claim)

SUBJECT'S PERSONAL INFORMATION - please type or print legibly
(First Middle Last) _____
Street Address: _____
City: _____ State: _____ Zip: _____
DOB (mm/dd/yy): ____ / ____ / ____
Gender: Male [] Female []
Race: _____
Driver's License #: _____ State of Issue: _____

Authorization to Charge Credit Card: [] Visa [] MasterCard [] American Express [] Discover

Credit Card Number _____ Exp. Date (MM/YY) _____ Security Code _____
Cardholder's Name as it appears on card: _____
Street Address & Zip Code for CC billing statements: _____

By signing below, I authorize AccuSearch to charge to the above card the cost of this record research request.

Cardholder's Signature _____ Date _____

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Protocol: Unless instructed otherwise, AccuSearch will research exact name(s) as submitted.