National Vehicle Inquiry and National Driver's Record Request Form

How to use this form: Simply check the option on the left of the form for the inquiry you wish to perform. There is no need to complete all fields on this form; complete only those fields pertaining to the inquiry you are requesting. Once you have provided the appropriate information, please mail this form along with a check made payable to RegUSA to: RegUSA, 11 Drywall Lane, Voorheesville, NY 12186. If you pay by ACH, please fax this completed form to RegUSA at **800.360.7528**.

Date: _____ Name: _____

Company: _____ Phone: _____

Search State(s): _____ Fax: _____

Search Type

☐ Vehicle Record

VIN:

License Plate #: _____ Year: _____ Make: _____

☐ Driver's Record Name: _____

Driver's License # or Soundex #: _____

Date of Birth (MM/DD/YY): | | | / | | | / | | |

☐ All Vehicles Owned (for CA only) Name: _____

Address:

City: _____ State: _____ Zip: _____

☐ Automated History (for CA only)

VIN:

License Plate #: _____ Year: _____ Make: _____

TriVIN Authorized Representative: _____