

EMPIRE CORPORATE AND INFORMATION SERVICES, INC.

46 STATE STREET, 2ND FLOOR, ALBANY, NY 12207 800 342-2404 FAX 800 545-2890

LICENSE/REGISTRATION INFO REQUEST FORM

DATE: _____ ACCT.# _____ TELE# _____ FAX _____

FROM: _____ ATTN: _____

REF: _____

_____ E-MAIL _____ REG. MAIL _____ FED. EXP. _____ FAX _____

PUT X IN APPROPRIATE SPACES

STATE IN WHICH SEARCH IS TO BE PERFORMED _____ NEW YORK or _____

_____ **DRIVERS OPER. RECORD** _____ **LICENSE APPS./RENEWALS**

_____ **REG./PLATE ABST**

_____ **PLAIN INSURANCE DATA BASE SEARCH** _____ **REGIST. APPS./RENEWALS**

_____ **TITLE RECORD(** _____ **CURRENT OWNER ONLY** _____ **PRIOR OWNERS ALSO)**

_____ **FS25 INSURANCE SEARCH(certified) DATE OF ACCIDENT** _____

FOR THE ABOVE REQUESTS _____ **CERTIFIED COPIES** or _____ **PLAIN COPIES**

List all info. Available

DRIVERS NAME _____ **DOB** ____/____/____

Drivers license# _____ **Plate#** _____

vin# _____

DRIVERS NAME _____ **DOB** ____/____/____

Drivers license# _____ **Plate#** _____

vin# _____

******IMPORTANT******

FEDERAL LAW REQUIRES YOU TO DISCLOSE WHAT TYPE OF BUSINESS YOU CONDUCT AND WHY YOU ARE REQUESTING THIS SEARCH. RECORDS MUST BE KEPT FOR 5 YEARS.

Business type: _____ **Attorney** _____ **Private invest.** _____ **Other** _____

REASON FOR SEARCH

_____ **Attorneys with pending case please provide case#/or Index#** _____

I certify that I have read the Department of Motor Vehicles Drivers's Privacy Act (DPPA). I agree to abide by the New York State Motor Vehicle regulations regarding the confidentiality of the usage of this information.

I certify that all information is being used for lawful and legitimate purposes and will not request or use such information for purposes prohibited by law . All such information will be maintained by requester in strict confidence and disclosed only to employees whose duties reasonably relate to the legitimate business purpose for which the information is requested and will not sell or otherwise distribute to third parties and information received herein, except when required by law. I have read and will comply with all provisions of 18 U.S.C. Section 2721.

Signature required _____ **Print name** _____

EMPIRE CORPORATE AND INFORMATION SERVICES, INC.
46 State Street, 2nd Floor, Albany, New York 12207 800 342-2404 fax 800 545-2890

ACCIDENT REPORTS *REQUEST FORM* Date _____

From _____ acct# _____ ref. _____
attn: _____
tele# _____ fax# _____
mailing instructions _____ Reg. Mail _____ Fax _____ Federal Express _____

*****THE FOLLOWING REQUESTS ARE ONLY AVAILABLE IN CERTIFIED COPIES
ACCIDENT REPORTS ARE ONLY AVAILABLE 4 YEARS FROM DATE OF ACCI.
Please check the appropriate spaces *IMPORTANT* provide all info. avail**

_____**SAME DAY SERVICE REQUESTED (RUSH FEES APPLY)**
_____**POLICE ONLY** ___ **NYSP** ___ **NYC-** Precinct# _____ Acci.# _____
_____**POLICE AND ALL MOTORISTS** DATE of Acci. _____
_____**ALL MOTORISTS** **MV case#** _____
_____**JUST THE MOTORISTS THAT ARE LISTED BELOW:**

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>DOB</u>	<u>*IMPORTANT</u>
1. _____	_____	____/____/____	*PLATE# _____
2. _____	_____	____/____/____	*PLATE# _____

******IMPORTANT******

FEDERAL LAW REQUIRES YOU TO DISCLOSE WHAT TYPE OF BUSINESS YOU CONDUCT AND WHY YOU ARE REQUESTING THIS SEARCH. RECORDS MUST BE KEPT FOR 5 YEARS.

Business type: _____ Attorney _____ Private invest. _____ Other _____

REASON FOR SEARCH

Attorneys with pending case please provide case#/or Index# _____

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Signature required _____ Print name _____