Print Reset

Secretary of State
Record Inquiry Section
501 S. Second St., Rm. 408
Springfield, IL 62756-8888
217-785-3000
217-524-0122 (fax)
www.cyberdriveillinois.com

Secretary of State
Information Request Form

**Please make sure you have signed, dated, enclosed the proper fee and stated a reason for your request.
Mail completed form to the address at left.**

This space for use by Secretary of State.

Section 1: Business Name (if applicable) and/or Your Name and Mailing Address

Requester Name _____ Business Name (if applicable) _____

Address _____

City/State/ZIP _____

Daytime Phone Number _____ Driver's License Number _____

Section II: Requested Services (check appropriate boxes)

❑ Title Search — $5 each ❑ Registration Search — $5 each ❑ Certified Title — $10 each ❑ Certified Registration — $10 each
❑ Microfilm Requested

The proper fee must be enclosed for each search. Please make check or money order payable to Secretary of State. If copies are required for a court appearance, the records MUST be certified. This form cannot be used to obtain a Duplicate Title. The Duplicate Title fee is $50, and an Application for Vehicle Transaction(s) (VSD 190) must be completed in full. Visa, Mastercard, American Express and Discover credit cards are accepted (processing fee applies). Please complete the credit card payment information.

Credit Card Number: _____ CVV authorization number: _____ Exp. Date: _____

Section III: Provide as much of the following information as possible to assist in processing your request. (If the request pertains to a Chicago Parking Violation, submit a copy of the notice.)

Vehicle Year: _____ Vehicle Make: _____ Title Number: _____ VIN: _____

Plate Category: ❑ Passenger ❑ B-truck ❑ Other (specify) _____

Owner Name and Address: (if known) _____

License Plate Number: _____ Plate Year(s): _____

Section IV: Reason for Request

I am requesting Secretary of State information based upon a permissible use(s) as provided for in the Driver Privacy Protection Act (18 U.S.C. sec. 2721 et seq.).

Reason(s) for requesting the record(s) (required): _____

Section V: Affirmation of Requester

I affirm that any information provided by the Illinois Secretary of State is allowable under provisions of the DPPA as indicated above. I understand that using the information provided pursuant to this request for any use other than indicated on this document may be a violation of state and federal law. I also understand that releasing personal information to unauthorized persons within or outside of the organization may be a violation of state and federal law. I am also aware that the Federal Driver Privacy Protection Act provides for civil and criminal penalties for those convicted of violating this Act, which may result in fines of up to $10,000. This affirmation shall apply to each and every record provided by the Illinois Secretary of State. Obtaining personal information under false pretenses is a state and federal crime.

I agree to inform all authorized users of the provisions and protections of the DPPA, and of the penalties and fines for violations of the same. Further, if there is a misuse of information or an information breach, I shall indemnify the Office of the Secretary of State and will be responsible for all associated damages, including the costs of notifying the affected persons of the information breach. Under penalties of perjury, I swear that the information given is true and correct.

X _____ _____

Signature and Date Position in Organization (if applicable)

♻ Printed on recycled paper. Printed by authority of the State of Illinois. October 2019 — 200 — VSD 375.17