


TITLE RECORDS REQUEST
J-23T Rev. 7-2011

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
TELEPHONE NUMBER: 860-263-5700
On The Web At ct.gov/dmv

DMV VALIDATION

| TITLE RECORDS, CHECK (✓) REQUEST(S) BELOW | FILL IN SECTION(S) | UNIT PRICE | RECORDS AVAILABLE | |
|---|--------------------|----------------|-------------------------------|---|
| <input type="checkbox"/> Title Record (Copy of computer record showing title, owner and lien information) | 1 & 2 | \$20.00 | Current Information | |
| <input type="checkbox"/> Application for Title (Copy of application for current title, Form H-13) This is NOT a duplicate title | 1 & 2 | \$20.00 | Current Information | |
| <input type="checkbox"/> Canceled Title (Copy of front and back of canceled title) | 1 & 2 | \$20.00 | Current Plus Previous 4 Years | |
| <input type="checkbox"/> Certificate of Search (Written verification of current title record) | 1 & 2 | \$20.00 | Current Information | <input type="checkbox"/> Certified copy of uncertified items (Add \$20.00 to unit price per item) |
| <input type="checkbox"/> Title History (Written verification of title history as of a specific date) Enter date _____ | 1 & 2 | \$20.00 | | DMV USE ONLY - ID CHECK |
| <input type="checkbox"/> Bill of Sale (Copy of bill of sale if available) | 1 & 2 | \$20.00 | | ATTORNEY'S JURIS # |
| <input type="checkbox"/> Miscellaneous Request (Please specify) | 3 | \$20.00 | | ATTORNEY NAME OR CASE NAME AND COURT LOCATION |
| TO: Department of Motor Vehicles, Title Division, 60 State Street, Wethersfield, CT 06161-0503 | | | | Private investigators license must be shown and recorded, along with a second form of ID. |

REQUEST SECTION LIST BELOW THE INFORMATION NECESSARY FOR EACH REQUEST. A VEHICLE IDENTIFICATION NUMBER MUST BE PROVIDED FOR EACH REQUEST OR THE REQUEST MAY NOT BE FILLED.

APPLICANT, READ INSTRUCTIONS AND SPECIFY CODE 1, 2, 3, 4, 5, 6, 7, 8, 9 OR 10  **CODE NO.**

DECLARATION I declare under the penalties of false statement as set forth in Section 53a-157b of the Connecticut General Statutes that I will use the information obtained only for a purpose stated on the reverse of this form.

| SIGNATURE OF APPLICANT | | | | PRINTED NAME OF APPLICANT | | DATE SIGNED | | QTY. | UNIT PRICE | AMOUNT |
|--|--|--------------|---------------------------|---------------------------|--|-------------|--|--------------|------------|--------|
| OPERATOR'S LICENSE NO. or FED. EMPLOYER ID NO. | | | | TELEPHONE NO. (Required) | | | | | | |
| SECTION 1 | OWNER'S NAME (Last, First, Middle Initial) | | | | | | | | | |
| | OWNER'S ADDRESS (Number and Street, City or Town, State, Zip Code) | | | | | | | | | |
| SECTION 2 | VEHICLE IDENTIFICATION NUMBER | | | | | | | | | |
| | VEHICLE MAKE | VEHICLE YEAR | REGISTRATION PLATE NUMBER | AS OF (Date) | | | | | | |
| SECTION 3 | MISCELLANEOUS REQUEST (Please Specify) | | | | | | | | | |
| | | | | | | | | TOTAL | | |

APPLICANT: Print or Type Your Name and Mailing Address Below.
If using a P.O. Box, **STREET ADDRESS MUST ALSO BE INCLUDED.**

| | |
|---------------------|------------------------|
| DMV USE ONLY | AMOUNT RECEIVED |
|---------------------|------------------------|

| | | |
|-------------------|-------|----------|
| NAME | | |
| NUMBER AND STREET | | |
| CITY OR TOWN | STATE | ZIP CODE |

**IDENTIFICATION REQUIRED
SEE REVERSE SIDE**

***IDENTIFICATION REQUIREMENTS - Identification is required by law which must contain a photo.** The requester must provide a copy of his/her current photo identification, driver's license, or passport or the request may not be processed.

SPECIAL INSTRUCTIONS FOR THOSE WHO WISH TO OBTAIN RECORD INFORMATION ON OTHERS

Specify the applicable code below in the space on the front of this form in the **REQUEST SECTION**.

I hereby request the Department of Motor Vehicles to disclose personal information from its records. As permitted by section 14-10 of the Connecticut General Statutes, the information will be used only for one or more of the following purposes:

1. By any federal, state or local government agency in carrying out its functions or any individual or entity acting on behalf of any such agency.
2. In connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls or advisories, performance monitoring of motor vehicles and dealers by motor vehicle manufacturers, motor vehicle market research activities including survey research, motor vehicle product and service communications and removal of nonowner records from the original owner records of motor vehicle manufacturers to implement the provisions of the Federal Automobile Information Disclosure Act, 15 USC 1231 et seq., the Clean Air Act, 42 USC 7401 et seq., and 49 USC Chapters 301, 305, and 321 to 331, inclusive, as amended from time to time, and any provisions of the general statutes enacted to attain compliance with said federal provisions.
3. In the normal course of business by the requesting party, but only to confirm the accuracy of personal information submitted by the individual to the requesting party. *(Full name and address of individual required)*
4. In connection with any civil, criminal, administrative or arbitral proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation by an attorney-at-law or any individual acting on behalf of an attorney-at-law and the execution or enforcement of judgments and orders, or pursuant to an order of any court provided the requesting party is a party in interest to such proceeding.
(Attorney Name or Case Name and Court Location- REQUIRED)
5. In connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls or advisories, performance monitoring of motor vehicles and motor vehicle parts and dealers, producing statistical reports and removal of nonowner records from the original owner records of motor vehicle manufacturers, provided the personal information is not published, disclosed or used to contact individuals.
6. By any insurer or insurance support organization or by a self-insured entity or its agents, employees or contractors, in connection with the investigation of claims arising under insurance policies, anti-fraud activities, rating or underwriting.
7. In providing any notice required by law to owners or lienholders named in the certificate of title of towed, abandoned or impounded motor vehicles [or to owners named in the registration record in the case of any vehicle for which no title has been issued].
8. By an employer or its agent or insurer to obtain or verify information relating to a holder of a passenger endorsement or commercial driver's license required under 49 USC Chapter 313, and Connecticut General Statutes sections 14-44 to 14-44m, inclusive, as amended.
9. I have obtained and am presenting evidence of consent to disclosure by the subject(s) of the record.

SPECIAL INSTRUCTIONS FOR THOSE WHO WISH TO OBTAIN THEIR OWN RECORD INFORMATION

Specify the code below in the space on the front of this form in the **REQUEST SECTION** and complete the form including applicant signature. The identification requirements apply when requesting a copy of your own DMV record.

10. This record request is submitted for the purpose of obtaining my record on file at the Department of Motor Vehicles.