



REQUESTOR'S INFORMATION

Email	Phone Number	File Number (if applicable)
How do you want to receive your certified record? <input type="checkbox"/> Electronically (from a secure portal) <input type="checkbox"/> By Mail		
Name	Organization Name	
Street Address	City	State Zip

PAYMENT METHOD

THERE IS A \$10.00 SEARCH FEE REQUIRED BY LAW.		Check or money order payable to the "Commissioner of Motor Vehicles"
<input type="checkbox"/> DMV Escrow Account Number (7 digits) _____	* Do not give credit/debit card number *	
<input type="checkbox"/> Exempt <input type="checkbox"/> Check <input type="checkbox"/> Money Order	* Do not send cash *	

Use this form if a person was involved in a crash and needs to obtain insurance information for a vehicle that is **registered in New York State only**. Please provide the required information below. Mail the completed form with the \$10.00 search fee to the address at the top of this form. You must include a copy of the police or motorist crash report.

SEARCH INFORMATION (* REQUIRED)

Enter the required information needed to complete the insurance search.

*Date of Crash (Month/Day/Year) / /	*Year and Make of Vehicle	*NYS Plate Number
*Registrant's Name (Last, First, M.I.) or Business Name		Date of Birth (Month/Day/Year) / /

- ✓ If our records show that the vehicle was insured on the date of the crash, the insurance information will be provided to you. Then you must contact the insurance company to resolve your claim.
- ✓ If the insurance company tells you the vehicle was not insured on the date of the crash, you must get a letter from the insurance company denying coverage. Send a copy of the company's denial letter and a copy of the crash report to: Insurance Services Bureau, 6 Empire State Plaza, Albany, NY 12228. DMV will review the information and take appropriate action.
- ✓ If our records show that the vehicle did not have insurance coverage on the date of the crash, we will notify you. Your request and crash report will be forwarded directly to the Insurance Services Bureau.

DMV USE ONLY	↓ THE REPLY FROM THE DEPARTMENT OF MOTOR VEHICLES IS AS FOLLOWS ↓	DMV USE ONLY
<input type="checkbox"/> On the date of crash you requested, DMV's records show insurance coverage was in effect with: Insurance Company: _____ Policy Number: _____		
<input type="checkbox"/> Updated insurance information (this updates previous insurance information): Insurance Company: _____ Policy Number: _____		

DMV USE ONLY	
Processed by: _____	Date: _____

DMV USE ONLY

↓ THE REPLY FROM THE DEPARTMENT OF MOTOR VEHICLES IS AS FOLLOWS ↓

DMV USE ONLY

- A. ☐ We are unable to determine if insurance was in effect on the date of crash. Your request and crash report have been forwarded to the Insurance Services Bureau for further review. You will be notified within 90 days.
- B. ☐ Your \$10.00 fee is being returned because it was accompanied with a denial letter. There is no fee due when the company is denying the claim for "no insurance". Your request has been forwarded to the Insurance Services Bureau for further review. You will be notified within 90 days.
- C. Insurance information is not available for the reason checked below:
- ☐ The vehicle is registered out of state. You must contact that state for insurance information.
- ☐ The insurance information is beyond the retention period as required by law and has been purged.
- ☐ The vehicle is exempt from NYS compulsory filing requirements because the vehicle is registered to a government agency (insurance code 994). You must contact the registrant to resolve this matter.
- ☐ There is no record of the plate number you provided.
- D. Your search for insurance information has been completed. We are returning it to you for the reason checked below. Please return this FS-25 form and the crash report to:
- Insurance Services Bureau
6 Empire State Plaza
Albany, NY 12228**
- ☐ We are unable to determine if insurance was in effect on the date of crash. In order for DMV to issue a revocation against the registrant and/or the driver, we need a copy of the police accident report (form MV-104A or MV-104AN). If one is not available, please complete form MV-104 (available at dmv.ny.gov).
- ☐ Insurance coverage was not in effect on the date of crash. In order for DMV to issue a revocation against the registrant and/or the driver, we need a copy of the police accident report (form MV-104A or MV-104AN). If one is not available, please complete form MV-104 (available at dmv.ny.gov).
- ☐ The crash involved a hit-and-run vehicle. In order to process your request, we must receive a police report (MV-104A or MV-104AN) which specifies the vehicle year, make and name of registrant.
- E. We are unable to process your search request for insurance information and are returning it to you for the reason(s) checked. Please resubmit the fee and completed FS-25 to:
- Document Services
6 Empire State Plaza
Albany, NY 12228**
- ☐ The required \$10.00 search fee was not included.
- ☐ There is not enough information to process your request. Complete the highlighted boxes on the front of this form.
- F. ☐ The vehicle year, make, plate number and registrant must all match. Correct the highlighted information on page 1 and resubmit.
- G. ☐ Other:

DMV USE ONLY

Processed by: _____ Date: _____