Commonwealth of Virginia
Department of State Police
PO Box 27472
Richmond, Virginia 23261-7472

Date:

To: Virginia State Police BCI/SSD/Auto Theft Unit
FAX: **804-674-2933**

From:

Re: Request for Vehicle Title History*

Please provide the undersigned with a title history for the vehicle/s indicated below:

| Make | Model | Year | Certify | 17 Digit VIN | | | | | | | | | | | | | | | |
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Upon completion of Title History, please mail to:

| REQUESTOR INFORMATION | | | |
|---|---|---|---|
| Requestor's Name: | | Rank**:** | |
| Requestor's Agency: | | | |
| Mail Address: | | | |
| City: | | State: | ZIP: |
| Phone: | | FAX: | |

_____ _____

Requestor's signature Date

**I certify that this request is for law enforcement purposes.*