



# COLLISION REQUEST FOR RECORDS

SECTION 1 – Information Requested Check type of record desired			Fee: (Per Record)
<input type="checkbox"/> <b>Collision Report</b> Provide Date: _____ City/County: _____			<b>\$7.00</b>
<b>TOTAL DUE</b>			
For certified copies, please add <b>\$3.00</b> per record to the amount due for a total of <b>\$10.00</b> .			
This report is for yourself: <input type="checkbox"/> <b>Yes</b> (Complete Section 2 and 3) <input type="checkbox"/> <b>No</b> (Complete Section 2, 3, 4, and 5)			
SECTION 2 – Driver Information All information required			
Name: Last, First, Middle	Driver License Number:	Sex:	Date of Birth:
SECTION 3 – Requestor Information All information required			
Name: Last, First, Middle	Telephone Number:	Email Address:	
Mailing Address:	City:	State:	Zip:
SECTION 4 – Business, Organization, or Entity Information All information required			
Name of Business, Organization, or Entity:	Requestor's Title:	Type of Business:	
SECTION 5 – Reason for Request Check all that apply (If none apply, complete Section 6)			
<input type="checkbox"/> Government agency (federal, state, or local including court or law enforcement) for carrying out its functions.			
<input type="checkbox"/> Legal in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order of a court.			
<input type="checkbox"/> Research Activities or Statistical Reports (personal information shall not be published, re-disclosed, or used to contact individuals).			
<input type="checkbox"/> Insurance company, insurance support organization, self-insured entity for claims investigation, anti-fraud, rating, or underwriting activities.			
<input type="checkbox"/> Licensed private investigative agency or licensed security service for any purpose permitted under 18 U.S.C. § 2721, subsection (b).			
<input type="checkbox"/> Employer of commercial driver license holder to obtain or verify information required under 49 U.S.C. § 31304.			
<input type="checkbox"/> Other for use specifically authorized under the laws of the State of Oklahoma related to the public safety. Statutory citation: _____			
Driver Written Consent			
CONSENT TO RELEASE by Person Named in Request [consent to release is required if none of the reasons above apply.]			
By signing below, the driver identified above grants consent to Service Oklahoma or any licensed operator to release these records to the requestor.			
Driver Signature:		Date:	
Affirmation			
Pursuant to 12 O.S. § 426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose and if I release any of such information to another authorized person, I understand that I must inform that person of their duties and responsibilities under the Drivers Privacy Protection Act [21 U.S.C. §§ 2421, et seq.] and their obligations to use such information only of the purposes set out therein and their civil and criminal liabilities if they violate these duties, and their obligation to inform subsequent authorized recipients of said information of their identical obligations and duties. I further agree to indemnify and held harmless both the Service Oklahoma and OK.gov from all liability and penalties associated with me or my successor' or assignees' wrongful use and/or release of such information.			
Requestor Signature:		Date:	
Please return the records via: <input type="checkbox"/> Requestor's mailing address (please include a self-addressed, stamped envelope with form) <input type="checkbox"/> Requestor's email address			

**SERVICE**  
  
**COLLISION REQUEST FOR RECORDS**  
**FORM INSTRUCTIONS**

---

**Please fill out all required sections on the Request for Records.**

Collision Reports may be obtained in person, by mail, or by email. By law, you are only allowed to obtain your own Collision Report. [47 OS § 6-117 D] See 47 OS § 6-117 E and F for clarification on the exceptions to obtaining a driving record that is not your own.

Service Oklahoma (SOK) does not issue national driving records and is not affiliated with DocViews.

As required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. § 2721, et seq., SOK or any licensed operator will not release personal information from the driving record unless the driver consents by waiving their right to privacy under the DPPA, or unless SOK is required or authorized by DPPA to release personal information without the driver's consent as enumerated in Section 5 of the Request for Records form.

**Fees**

The fee for a Collision report is \$7.00. If the person requests a certified copy, there will be a \$3.00 certified copy fee per 47 OS § 2-110. A certified copy of a Collision report will total \$10.00.

*Collision reports may take up to 30 days to populate in the system.*

**Accepted Forms of Payment**

SOK accepts payment as indicated below.

**Mail**

Cashier's check  
Money order  
Business check

**In-Person**

Cashier's check  
Money order  
Business check  
Cash  
Credit or debit card

**Mailing Instructions**

Mail completed form, a self-addressed stamped envelope, and total amount due to **(please do not mail cash)**:

**Service Oklahoma**

Business Support Services  
PO Box 11415  
Oklahoma City, OK 73136-0415

SOK will not mail documents as cash on delivery (C.O.D.). Please do not use Federal Express (FedEx) or United Parcel Service (UPS) for your self-addressed stamped envelope.

**Email Instructions**

The completed form can be emailed to [sokrecords@service.ok.gov](mailto:sokrecords@service.ok.gov). The total amount can be mailed to the address noted above. Records returned by email will be sent as an encrypted email to the email address provided by the requestor.

**In Person**

Present the completed form and total amount due (see above for payment options) in person at:

**Service Oklahoma**

6015 N Classen Blvd  
Oklahoma City, OK 73118