#### **VESSEL COPY RECORDS REQUEST**

J-23B REV. 7-2011

#### STATE OF CONNECTICUT

### **DEPARTMENT OF MOTOR VEHICLES**

MARINE VESSEL SECTION TELEPHONE NUMBER: 860-263-5151 On The Web At ct.gov/dmv

VESSEL (	(BOAT) RECORDS	FILL IN SECTION(S)	UNIT PRICE	RECORDS AVAILABLI						
Vessel Inquiry (copy of computer record)		1 & 2	\$20.00	Current Information	n e					
☐ History of Specific Boat		1 & 2	\$20.00 plus \$20.00 per copy of Registration							
All Boats Owned by a Specific Person										
Boat Registration (Photocopy)		1 & 2	\$20.00		DMV	DMV USE ONLY - ID CHECK				
Miscellaneous Request		3	\$20.00	\$20.00 \( \sum_{(Add \frac{1}{2})}				photocopy of uncertified items \$20.00 to unit price per item) OR CASE NAME AND COURT LOCATION		
TO: [	Department of Mo	tor Vehicles,	Marine Vessel	Section	ATTO	ORNEY NAME O	R CASE NAM	E AND COURT	LOCATION	
	60 State Street,	Wethersfield	, CT 06161-503	31	ATTO	ORNEY'S JURIS	# or PRIVATI	E INVESTIGAT	OR LICENSE #	
REQUE	ST ADDRESS OF REGI	LIST BELOW THE INFORMATION NECESSARY FOR EACH REQUEST. FOR REGISTRATION RECADDRESS OF REGISTRANT SHOULD BE PROVIDED OR THE REQUEST MAY NOT BE FILLED.					QUESTS T	HE NAME A	ND FULL	
SECTIC	APPLICANT, READ		D SPECIFY CODE 1, attement as set forth i				CODE NO.	al Statutos	that I will use	
		ained only for a pur	pose stated on the re	verse of this for		ie connection	QTY	UNIT	AMOUNT	
Χ	OWNER'S NAME (Last, First, Midd		OWNER'S ADDRESS (A				٧٠٠	PRICE	AMOUNT	
SECTION 1	OWNER'S NAME (Last, First, Midd OWNER'S NAME (Last, First, Midd		OWNER'S ADDRESS (Number and Street, City or Town, State, Zip Code)  OWNER'S ADDRESS (Number and Street, City or Town, State, Zip Code)							
SECTION 2	HULL NUMBER		CT VESSEL NUMBER							
	HULL NUMBER		CT VESSEL NUMBER	CT VESSEL NUMBER						
	HULL NUMBER		CT VESSEL NUMBER							
SECTION 3	MISCELLANEOUS REQUEST (Please Specify)									
	MISCELLANEOUS REQUEST (Please Specify)									
	MISCELLANEOUS REQUEST (Please Specify)									
	APPLICANT: Print or Type Your Name and Mailing Address Below. If using a P.O. Box, Street Address must be included.						TOTAL			
		ERATOR'S LICENSE NO. or FEDERAL EMPLOYER ID NO.		ired)		DMV USE	AMOUNT			
	NAME						RECEIVED			
	NUMBER AND STREET				IDENTIFICATION REQUIRED SEE REVERSE SIDE					
	CITY OR TOWN	STATE	ZIP CODE		J		· - 1 · · ·	OIL		

\*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.