

**DRIVER EXCHANGE / REQUEST FOR MOTOR VEHICLE INFORMATION FORM
NORTH CAROLINA DIVISION OF MOTOR VEHICLES**

U N I T	Driver Information						
	First Name		Middle Name		Driver Last Name		Suffix
	Address 1		Address 2	City		State	Zip Code
	Home Phone	Work Phone	Date of Birth	<input type="checkbox"/> Address (Same on DL)	<input type="checkbox"/> CDL	Driver's License Number	State
	Owner Information						
	First Name		Middle Name		Last Name		Suffix
	Address 1		Address 2	City		State	Zip Code
	<input type="checkbox"/> Owner Same as Driver	Company Name					
	License Plate Number	License Plate State	License Plate Year		Vehicle Make	Year	VIN Number
	Insurance Company			Insurance Policy Number			
Crash Data							
Non-Reportable	Accident Date	Accident County		Officer Name	Local Report Number		
<p>To obtain a certified copy of the Crash Report, download and complete a Crash Report Request Form (TR-67A) from our website at: http://www.ncdot.gov/dmv/records/</p>							