



COMMERCIAL REQUESTER ACCOUNT INSTRUCTIONS/APPLICATION

A Public Service Agency

Disclaimer

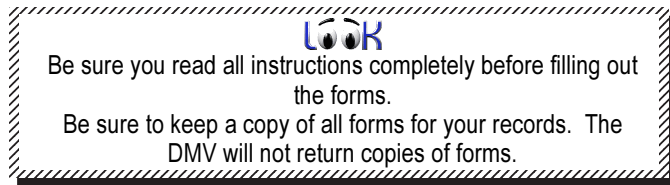
***The information collected on the attached forms is public record
and open to inspection by the public, unless prohibited by statute.***



Instructions for Completing the Commercial Requester Account (CRA) Application

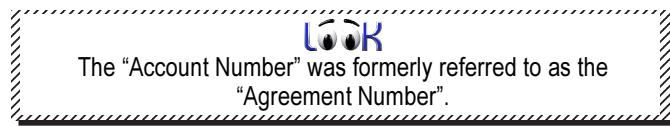
Before You Begin

Incomplete applications result in processing delays. As you review the following instructions, please take a moment to note any changes or suggestions that you feel would make them more understandable. You can make your comments or suggestions directly on the instructions and return them with your application.



Account Number

If you are an existing customer and are submitting a renewal or change application, indicate the "account number" that has been issued by the DMV. For first time applicants, the account number will be entered by the DMV technician and included on your approval letter.



Type of Application

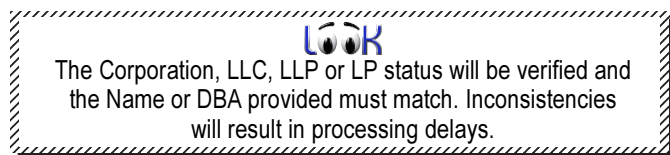
Original – Check this box if you are applying for a new account. All sections must be complete or the application will be returned unprocessed.

Change – Check this box if you have an existing account and you are changing information, such as, the contact person, address, record access method, permissible use, etc. Include all Requester Codes currently issued.

Renewal – If you have received a "renewal notice" in the mail or your account is expiring, check this box and complete all sections. Be sure to return your "renewal notice(s)" with your renewal application.

Section A – Business Information

- Name of ...** – Enter the following:
 - Sole Owner** - true, full name of the sole owner applying for the account.
 - Partnership** – true, full name of each partner.
 - Corporation** - true full name of the corporation as filed with the State of Issuance.
 - Association** – true full name of the association.

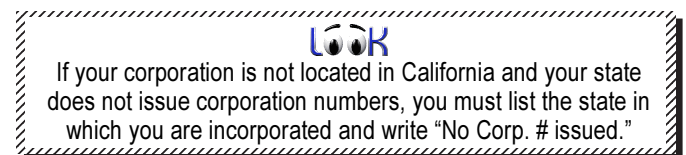


- Daytime Telephone Number** - Enter daytime telephone number of applicant.
- DBA** - Fictitious Business Name under which applicant will be doing business.

- Internet Website Address** – Enter the Internet Website Address of the business or indicate "None".
- Fax Number** - Enter the fax number of the business or indicate "None".
- 6 thru 8. Contact Person, e-mail address, daytime phone** – Enter the name/title, e-mail address (if available) and the daytime telephone number of the person who will be responsible for the account and who DMV can contact in the event of questions or problems.
- Street Address** – Enter the physical location where the business is located including the street number and name, city and state.
- Mailing Address** – Enter the mailing address where you want information mailed. If the mailing address is the same as the street address provided in 9 above, indicate "Same".

Section B – Business Identification

- Federal Employer ID Number (FEIN) or State Tax ID #** - The FEIN or State Tax ID number is required on all applications. If you wish to have an FEIN assigned, contact the IRS at (800) 829-1040. If you are a sole proprietor, this may be the same as your Social Security Number (SSN). SSN information collected as part of the CRA application process will be used strictly for collection of delinquent or administrative fines and will not be released outside of the DMV.
- Corporation Identification Number/State of Issuance** – Enter the **number** issued to the corporation, LLC, LLP, or LP and the **state of issuance**, if applicable.



- Other (Identify)** – If none of the above are applicable, identify your business category (i.e., sole owner).

Section C – Business Type

Check the type of business in which you are involved. If none of the business types listed are applicable, please check "Other" and identify your business type.

Section D – Professional/Occupational License Information

If the type of business identified in Section C is such that it requires the applicant to be licensed by a state or federal agency in order to engage in such business (i.e., an attorney must be licensed by the state bar), please provide:

- Professional or Occupational Licensee Name** - the name of the licensee as it appears at the registering agency (Example – John Quincy Public)
- Issuing Agency Name** – the name of the state or federal agency issuing such license (Example - California State Bar).
- 2.A. License Number** - the license number assigned to the applicant (Example - 234567),

Instructions for Completing the Commercial Requester Account (CRA) Application

2.B.Expiration Date - the expiration month and year of the license (Example - 01/2004).


The professional/occupational license will be verified for active status and the name must match the name identified in item D.1. Inconsistencies will result in processing delays.

Section E – Commercial Requester Account History and Use

- 1.a. If you have or have had a Commercial Requester Account, including renewals, check **“yes”** and print the business name or DBA and the associated Agreement/Account number and Requester Code number(s).
- 1.b. Check **“yes”** if your previous account has been subject to a DMV administrative action and attach a separate sheet of paper that includes the type of action, the name of the person(s) and/or business/DBA, the reasons and date of the action.
2. If anyone having access to DMV record information has ever been convicted of any crime, as specified, check **“yes”** and attach a separate sheet that includes the name of the person, the specific code violation, conviction date, court and action taken.
- 3.a. If you will be using the information for your own business use, check this box. (Example – An applicant that is requesting DMV record information in order to underwrite insurance or perform a background pre-employment screening for an insurance company or other client).
- 3.b. If you will be providing a service to another applicant, such as, pass through/reformat services (Vendor) or other contracted services, check this box. **Additional documents may be required, contact Accounts Processing Unit (APU) at (916) 657-5564.**

Section F – Record Access Method

CRA applicants can purchase information directly from DMV or from an approved CRA Service Provider (AKA Vendor) that has been authorized by DMV to provide access to DMV records through a pass through/reformat process. A list of authorized CRA Service Providers is available on DMV website or contact:

Accounts Processing Unit – MS H221
PO Box 944231
Sacramento, CA 94244-2310
(916) 657-5564

1. If you choose to request information from an approved CRA Service Provider and not directly from DMV, check **“Yes.”** You will be billed by the Service Provider for information received from that Service Provider.

If you will be using the services of a CRA Service Provider and you checked **“Yes”** above, does that Service Provider offer on-line (instantaneous) access and will you be requesting information through that on-line method? Check appropriate box.

If you choose to request information directly from DMV, check **“No.”** DMV will establish an Automated Billing Information Service (ABIS) account and you will be billed monthly by DMV for information received.
2. If you are interested in finding out about other electronic methods of accessing information directly from DMV, such as,

Cartridge Tape (IBM compatible, 3480 non-compressed or 3490 compressed, optional) or File Transfer Protocol via Virtual Private Network, please contact the Electronic Access Administration Unit at (916) 657-5582 for more information.

Section G – Permissible Use(s)/Purpose

Identify Proposed Use: Use the space provided to explain your purpose for requesting DMV records using a separate section for each purpose.


Refer to “Permissible Use(s)” below for assistance/guidelines in completing this information.

Type: VR DL OL FR

Mark the appropriate box(es) on the application for the type of DMV information you are requesting.


VR – A vehicle/vessel registration (VR) record contains information relating to the registration of a vehicle or vessel.

DL – A driver license/identification card (DL/ID) record contains information obtained from an individual’s DL/ID application, abstracts of convictions, and accidents.

OL – Information regarding an Occupational Licensee (i.e., vehicle salesperson, dealer, registration service, etc.)

FR – Marking the box for financial responsibility (FR) information will only allow the DMV to bill your CRA. For obtaining FR information, you must submit form SR 19 to the FR Unit. The forms are available on the Internet or you can contact the FR Unit at (916) 657-6677.

Permissible Use(s) – Federal legislation, the Driver’s Privacy Protection Act (DPPA), Title 18, United States Code, Sections 2721-2725, makes any personal information contained in a motor vehicle record confidential unless the information is requested and used for a “permissible use” as defined below.


The identified “permissible uses” only authorize access to non-confidential information. Confidential residence address information will not be provided unless you qualify under a separate state or federal statute. See “Residence Address Requested...” for more information on release of confidential residence address information.

Government/Law Enforcement Agent – Information received must be used by a private person or entity acting on behalf of a Federal, State, or local agency in carrying out the functions of the government/law enforcement entity.

Motor Vehicle or Driver’s Safety and Theft – Information received must be used 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, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.

Legitimate Business for Purposes of Preventing Fraud – Information received must be used in the normal course of business by a legitimate business or its agents, employees, or contractors, but only to verify the accuracy of personal information submitted by the

Instructions for Completing the Commercial Requester Account (CRA) Application

individual to the business or its agents, employees, or contractors; and if information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual.

Civil, Criminal, Administrative or Arbitral Processing - For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.

Research and Statistical Reports - For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals.

Insurance Purposes - For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, anti-fraud activities, rating or underwriting.

Towed or Impounded Vehicles - For use in providing notice to the owners of towed or impounded vehicles.

Private Investigator/Security Service - For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section.



A Private Investigator/Security Service MUST include the other purpose permitted under this section. Example: Private Investigator for Insurance Claims investigation.

Any Other Use Specifically Authorized Under California Law - For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety. (Include state law, identified by code name and section number, which requires or permits use.) Example: "Service of Summons pursuant to California Code of Procedure Section 415 et seq." or "News Gathering and Reporting pursuant to California Vehicle Code Section 1808."

Out-of-State Lien Sale-Out-of-State Lien Sale applicants must attach a copy of their state statute that requires DMV to release confidential residence address information.

Residence Address Requested: Yes No

Section 1808.21 of the Vehicle Code states that all residence address information within the department's files is confidential, to be released only to a court, law enforcement agency, or other government entity. If you are requesting access to confidential residence address information, you **MUST** cite the specific state or federal statute (by code name and section number) that authorizes or requires the DMV to release that information.

For your convenience, DMV has provided a list of previously approved statutes authorizing access to residence address information. The California Vehicle Code is available on DMV's website at www.dmv.ca.gov then click on "Publications."



It is the requester's responsibility to read and ensure that they are authorized under the identified statute. Administrative, civil or criminal action may be taken for false representation.

Statutes that have been previously approved as authorizing access to residence address information includes, but may not be limited to,:

- California Vehicle Code (CVC) Sections 1808.21 et al., 1808.22 et al., 1808.23 et al., 1808.25, 4465, 22851.8,
- California Civil Code Sections 3067 - 3075, inclusive
- Harbors/Navigation Code Sections 500 - 509, inclusive



All requesters of residence address information **MUST** provide the specific statute by code name and section number, in order to request such information. Each statute will be reviewed prior to approval.

EXAMPLES OF IDENTIFIED PURPOSES

Example # 1. Identify Proposed Use

Represent client in civil or criminal processes. Address authority CA Vehicle Code § 1808.22(c)

Type: VR DL OL FR Residence address: Yes No

Example # 2. Identify Proposed Use

For use by a legitimate business for preventing fraud in determining the proper identity and driver license status of applicants for rental cars.

Type: VR DL OL FR Residence address: Yes No



Please note in item #1 that because residence address access was requested, the authorizing statute by code name and section number was included, as required.

Section H – Acknowledgement and Certification Statement

The person signing the application must be an authorized representative of the business and agree to all conditions set forth in the Commercial Requester Account Terms and Conditions (INF 1230).

Section I – DMV Approval (DO NOT COMPLETE)

Once the application is approved, an approval letter will be mailed to you with the requester code(s) that have been assigned to your business. The approval letter will identify the permissible use/purpose(s) that have been approved including whether residence address access has been authorized. Your account will be activated immediately upon approval, however, residence address information will not be released until your Commercial Requester Account Surety Bond (INF 1132) is received and approved by DMV. (See Checklist for further information). You may immediately use your account to receive non-address records pending receipt of your bond, if applicable.

Instructions for Completing the Commercial Requester Account (CRA) Application

CHECK LIST – ORIGINAL/RENEWAL APPLICATION



Commercial End User – An end user is any applicant who will be requesting information in order to perform their own business function (i.e., background check/pre-employment screening, insurance company, insurance agent/broker, attorney, etc.)

The following documents/items must be submitted to the DMV for processing.
REQUIRED:

- Commercial Requester Account Application (INF 1106)

Original Application or Renewal Fee:

- Account not requesting and/or authorized to receive confidential residence address information **\$50**
- Account authorized to and requesting access to confidential residence address information **\$250**



\$50 of the application fees is non-refundable and will be retained by DMV.

ONLY IF APPLICABLE:

- Commercial Requester Account Renewal Notice(s) – DMV will send notices approximately 90 days prior to expiration of a CRA. If you have received a renewal notice, please return it to DMV with your application.
- Branch Location Requester Code(s) Application (INF 1106BL) – Instructions are provided on the reverse of the form. Complete and submit with completed application **only** if you are requesting additional requester code(s) for branch locations as defined on reverse of form.
- Certification of Agency (INF 1184) – You are required to complete and return this form if you are a Dealer Agent (i.e., registration service) who will be requesting residence address information in order to process vehicle registration transactions/documents for a vehicle dealer **OR** if you are a Manufacturer Agent processing recall advisories for a vehicle manufacturer.



Each licensed dealer or manufacturer for whom you will be processing work must sign form INF 1184. All INF 1184 forms must be submitted to DMV and DMV notified upon termination of contractual relationship.



If you request and are approved by DMV to access confidential residence address information, DMV will mail you the CRA Bond form (INF 1132) for you to complete. Please do not submit the bond form until you are notified by DMV that you have been approved for residence address information.

ADDITIONAL REQUIREMENTS

Commercial Requester Account Terms & Conditions (INF 1230)

– By signing the Commercial Requester Account Application (INF 1106), the applicant is agreeing to comply with all terms and conditions contained herein. Form INF 1230 must be retained on file by applicant/account holder for frequent reference. **DO NOT RETURN TO DMV.**

Information Security Statement (INF 1128) – This form must be completed upon presentation and re-certified annually by **ANY** individual whether inside or outside your organization that has direct or incidental access to DMV record information. **DO NOT RETURN TO DMV.**



DMV form INF 1128 is replacing the previous Representative Non-Disclosure Statement form (INF 1110). On your next annual re-certification process, any person having access to DMV record information, internal or external, must complete DMV form INF 1128 which is to be maintained at the account holder's worksite and made available to DMV audit staff upon request.

WHERE TO MAIL YOUR ORIGINAL/RENEWAL/CHANGE APPLICATION

Congratulations, You have now completed the CRA Application/Renewal process. Mail your application and applicable fee to the following address:

Department of Motor Vehicles
Accounts Processing Unit – MS H221
PO Box 944231
Sacramento, CA 94244-2310

If you need additional assistance, please contact your Service Provider who will be able to assist you, or call the DMV at (916) 657-5564.



WE NEED YOUR HELP!

PLEASE DON'T FORGET THAT IF YOU HAVE ANY COMMENTS OR SUGGESTIONS TO IMPROVE THE INSTRUCTIONS, NOTE THEM DIRECTLY ON THE APPROPRIATE PAGE OF THE INSTRUCTIONS AND SEND THEM WITH YOUR APPLICATION

ALL COMMENTS/SUGGESTIONS WILL BE APPRECIATED



Information Services Branch
COMMERCIAL REQUESTER ACCOUNT APPLICATION

Account Number _____

DMV USE ONLY	
CHECK/M.O. #	AMOUNT
CA ID/DATE	EXPIRES

- Check One Only:**
- Original Application (All sections must be completed or application will be returned unprocessed.)
 - Change(s) to existing Account—Complete only those sections that are changing **and** list **ALL** existing Requester Code(s) _____ **(REQUIRED)**
 - Renewal (All sections must be completed or application will be returned unprocessed.)

IMPORTANT

TO AVOID PROCESSING DELAYS, PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETING FORM.

SECTION A. BUSINESS INFORMATION

1. NAME OF SOLE OWNER, PARTNERSHIP, CORPORATION, OR ASSOCIATION		2. DAYTIME TELEPHONE NUMBER ()	
3. DBA (FICTITIOUS BUSINESS NAME)	4. INTERNET WEBSITE ADDRESS (IF NONE, SO STATE)	5. FAX NUMBER	
6. CONTACT PERSON NAME/TITLE (INDIVIDUAL RESPONSIBLE FOR THE ACCOUNT)	7. E-MAIL ADDRESS	8. DAYTIME TELEPHONE NUMBER ()	
9. STREET ADDRESS (PHYSICAL LOCATION REQUIRED)	CITY	STATE	ZIP CODE
10. MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)	CITY	STATE	ZIP CODE

SECTION B. BUSINESS IDENTIFICATION

1. FEDERAL EMPLOYER ID# OR STATE TAX ID #	2. CORPORATION, LLC, LLP, LP ID#, IF APPLICABLE Number:	STATE OF ISSUANCE
3. OTHER (PLEASE IDENTIFY)		

SECTION C. BUSINESS TYPE

- | | | |
|---|--|--|
| <input type="checkbox"/> Attorney/Law Office | <input type="checkbox"/> Independent Institution of Higher Education | <input type="checkbox"/> PI/Detective Agency |
| <input type="checkbox"/> Auto Auction | <input type="checkbox"/> Insurance Agent/Agency/Broker | <input type="checkbox"/> Process Server |
| <input type="checkbox"/> Dealer (Vehicle/Vessel) | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Registration Service |
| <input type="checkbox"/> Dismantler (Vehicle/Vessel) | <input type="checkbox"/> Lessor/Retailer | <input type="checkbox"/> Rental Company (Vehicle/Vessel) |
| <input type="checkbox"/> Distributor (Vehicle/Vessel) | <input type="checkbox"/> Lien Sale | <input type="checkbox"/> Salvage Company |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Manufacturer (Vehicle/Vessel) | <input type="checkbox"/> Other: (Please Identify) |
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Media | |

SECTION D. PROFESSIONAL/OCCUPATIONAL LICENSE INFORMATION

1. PROFESSIONAL OR OCCUPATIONAL LICENSEE NAME		
2. ISSUING AGENCY NAME	A. LICENSE NUMBER	B. EXPIRATION DATE (MONTH/YEAR)

SECTION E. COMMERCIAL REQUESTER ACCOUNT HISTORY AND USE

- Has anyone directly affiliated with any party identified in Section A:
 - previously applied for, had, or have a Commercial Requester Account? Yes No
If yes, print Business Name and/or DBA _____ and Agreement/Account or Requester Code # _____
 - been subject to a DMV administrative action? Yes No
If yes, attach a separate sheet that includes the type of action, the name of the person and/or business, the reason and date of incident.
- Has anyone having access ever been convicted of any crime for a violent act, stalking, computer fraud, or for unauthorized disclosure, access or distribution of information? Yes No
If yes, attach a separate sheet that includes the name of the person, the specific code violation, conviction date, court, and action taken.
- I will be using the information for my own business use as approved by the department.
 - I will be using the information to perform a legitimate business service on behalf of another CRA applicant (i.e., pass through/reformat, other contracted services) as approved by the department. Access authority will be based on the other CRA applicant

SECTION F. RECORD ACCESS METHOD

1. Will you obtain information through a DMV approved Service Provider/Vendor? Yes No
 If "Yes", is the access method on-line? (*Instant response*) Yes No
 If "No", please provide a mailing address where you would like your invoices sent. If address is the same as the mailing address identified in Section A, please state "Same": _____
2. Are you interested in other electronic information access directly from the DMV? Yes No
 If "yes", see instructions for other access methods and who to contact.

SECTION G. PERMISSIBLE USE(S)/PURPOSE - Each permissible use must be listed separately. For DMV Use Only

1. IDENTIFY PROPOSED USE	Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence address requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Requester Code Issued # _____
2. IDENTIFY PROPOSED USE	Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence address requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Requester Code Issued # _____
3. IDENTIFY PROPOSED USE	Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence address requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Requester Code Issued # _____
4. IDENTIFY PROPOSED USE	Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence address requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Requester Code Issued # _____

SECTION H. ACKNOWLEDGEMENT AND CERTIFICATION STATEMENT

I hereby acknowledge that I have received, read, and agree to the Commercial Requester Account Terms and Conditions (INF 1230).

I understand that the use, or unauthorized disclosure, of departmental information for a purpose other than that for which this applicant applied, and was approved by the Department, is prohibited and subject to criminal prosecution, including fines and imprisonment. (California Vehicle Code Section 1808.45) I further understand that obtaining departmental information under false representations, the distribution of restricted information, or use of information for a purpose not specified by this applicant and approved by the Department, may result in suspension/revocation of applicant's access privileges and civil penalties up to \$100,000. (California Vehicle Code Section 1808.46)

I declare under penalty of perjury under of the laws of the state of California that the information submitted on this application is true and correct to the best of my knowledge and herein consent to receive service of process pursuant to the provisions of California Vehicle Code Section 1808.21(c).

EXECUTED AT _____ CITY _____ COUNTY _____ ON (DATE) _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

X PRINTED NAME _____ TITLE _____ DAYTIME TELEPHONE NUMBER () _____

SECTION I. DMV APPROVAL

STATE OF CALIFORNIA
Department of Motor Vehicles

SIGNATURE (DMV REPRESENTATIVE) _____ DATE _____

X

IMPORTANT

Information provided on this form is Public Record, unless expressed otherwise in statute.
 Any confidential information will not be released to the general public.
Applicant must retain a copy of the application for their records.
Mail To: DMV, Account Processing Unit
MS-H221, P.O. Box 944231,
Sacramento, CA 94244-2510



Information Services Branch
COMMERCIAL REQUESTER ACCOUNT
TERMS AND CONDITIONS

Department of Motor Vehicles (DMV) reserves the right to modify the following terms and conditions at will.

A. GENERAL

By applying for a Commercial Requester Account to access DMV information, you, the "Requester" agree to the following:

1. The term of the Commercial Requester Account shall be for two years from date of approval and may be renewed biennially or extended by the department.
2. Requester shall not sell or transfer ownership of a vehicle or vessel if the information received from the files of the DMV indicates a Department of Justice stop ("DOJ STOP"). Requester shall notify the local police regarding the vehicle or vessel whenever the location of the vehicle or vessel is known.
3. Requester agrees to defend, indemnify and hold harmless the DMV and its officers, agents and employees from any and all claims, actions, damages or losses which may be brought or alleged against the DMV, its officers, agents or employees by reason of the negligent, improper, or unauthorized use or dissemination by the Requester or its officers, agents, or employees, of information furnished to the Requester by the DMV or by reason of inaccurate information furnished to the Requester by the DMV unless the Requester can show that the DMV was originally furnished accurate information from the reporting source.
4. Requester shall not represent itself as an agent or employee of the DMV. Requester shall not use any DMV trade mark or service mark, indicia or any substantial similarity thereto or acronym in a manner likely to cause confusion that Requester's services are associated with or are that of the DMV.
5. Requester and its designees shall use DMV information for purpose(s) for which it requests an account and is approved by the DMV. Any other use(s) is strictly prohibited and will subject the Requester and its designees to termination of account as well as civil and criminal penalties.
6. Requester shall notify DMV in writing within ten (10) days of any changes including but not limited to address, telephone number, contact person, closure or sale of business.
7. Commercial Requester Account and attendant Requester code(s) are personal to the Requester and no rights or responsibilities under this agreement are assignable by Requester.
8. Resale of DMV information is prohibited. Requester shall not store, combine or link department information with any database for resale or for any business purpose(s) not specified on the application for a Commercial Requester Account approved by the DMV. Continued storage of information is permissible to comply with federal or state record retention requirements.
9. Requester's access to DMV information may be modified and/or terminated
 - immediately with cause
 - without cause upon 30 days notice by either party

B. SECURITY

1. Requester shall comply with all DMV security requirements relating to its Commercial Requester Account. Requester understands that the DMV reserves the right to amend or enhance its requirements and continuance of a Commercial Requester Account is contingent upon Requester's compliance with the updated criteria. Security requirements are available at www.dmv.ca.gov (click on "Other Services"). It is the responsibility of the account holder to periodically review this website, but no less than once every 6 months, for any future updates or enhancements to the security requirements. Requester affirms that it has, or has access to, the internet that will allow them to view the website for current and updated security requirements.
2. Requester shall be responsible for safeguarding the information received and shall restrict access to this information to its employees, agents or parties with whom it contracts. Requester agrees to be held responsible for any misuse of the information by its employees, agents or parties to whom the information was entrusted.

C. RESIDENCE ADDRESS

If receiving residence address information, the Requester shall secure a surety bond in the amount of \$50,000 and is subject to the provisions of California Code of Regulations (CCR) §350.24.

D. FEES

1. Requesters receiving information directly from the DMV shall be charged a fee pursuant to CCR §350.44 and shall be billed monthly for information received.
2. The amount listed on the invoice is due and payable upon receipt. Failure to remit the appropriate payment could result in termination of your requester privileges and may include a referral to a collection agency.

E. DISPUTES

1. Requester may withhold payment of any disputed charges. A "charge" is not disputed until Requester provides the DMV a written explanation of the disputed charge within 30 days of invoice date. If the DMV determines the charges are valid, the Requester will be notified and shall pay all such charges within (10) ten days.
2. Requester consents to jurisdiction of California courts and the Requester agrees to Sacramento County, California as the forum selected for judicial review of its rights relating to its account under these terms and conditions. Any disputes regarding the Requester's account shall be adjudicated pursuant to the laws of the State of California.
3. The person authorized to complete and sign the application on behalf of the Requester may be held personally responsible to the DMV for any debts and obligations arising under this agreement.

F. INSPECTION OF RECORDS

1. Requester shall keep its records required pursuant to CCR §350.18(b) (4) and CCR §350.48 at the business address provided to the DMV.
2. Requester's place of business shall be available for an electronic or manual audit (of records required to be retained) immediately upon request from the DMV or the DMV's representative.
3. Requester understands that failure to respond timely to an audit report with findings, may result in inactivation/cancellation of the Requester code.



COMMERCIAL REQUESTER ACCOUNT BRANCH LOCATION REQUESTOR CODE(S) APPLICATION

See Instructions on Reverse

Billing Address: Check **one** box only Main Office Branch Location

SECTION A: Main Office

NAME OF BUSINESS	REQUESTER CODE(S) (IF ISSUED)	ACCOUNT NUMBER (IF ISSUED)
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SECTION B: Branch Locations

CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS	DMV USE ONLY	
	<input type="checkbox"/> Same as Main Office <input type="checkbox"/> Basic record only		

CONTACT PERSON NAME/TITLE (INDIVIDUAL RESPONSIBLE FOR ACCESS)	E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER ()
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STREET ADDRESS (PHYSICAL LOCATION REQUIRED)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)	CITY	STATE	ZIP CODE
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RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET	CITY	STATE	ZIP CODE
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CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS	DMV USE ONLY	
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RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET	CITY	STATE	ZIP CODE
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COMPLETED BY (NAME AND TITLE)	DATE
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X

IMPORTANT

Information provided on this form is Public Record. Information that is confidential according to statute will be masked prior to release.

Applicant must retain a copy of the application for their records.

INSTRUCTIONS FOR COMPLETING THE COMMERCIAL REQUESTER ACCOUNT BRANCH LOCATION REQUESTOR CODE(S) APPLICATION

IMPORTANT

KEEP COPIES OF ALL FORMS FOR YOUR RECORDS PRIOR TO SUBMITTING THEM TO THE DMV.
COPIES WILL NOT BE RETURNED

WHAT IS A BRANCH LOCATION?

For purposes of completing this application, a "Branch Location" is defined as "an offshoot, lateral extension, or division of an institution with a separate physical location." In order to be enrolled as a Branch Location, the branch must be operating under the same corporate number or Occupational License as the account holder. If separate corporation numbers or Occupational License numbers are indicated, they must complete an application for a separate Commercial Requester Account (CRA).

FEE:

There are no additional application fees for branch locations.

BILLING INFORMATION:

Main Office or Branch Location Billing Information – Each branch location will be issued a separate requester code. The monthly billing invoice is automatically mailed to the branch location (when information is received directly from the DMV) unless you indicate that you want the billing invoice mailed to the main office. Check the appropriate box where you want billing invoices mailed.

Note: This only applies if information is being purchased directly from the DMV.

SECTION A

Complete as many copies of form INF 1106BL as needed but be sure to provide the Name of the Business on each form and number them properly (i.e., 1 of 22). In addition, include the Requester Code Number(s) and Account Number(s), if already issued, of the account holder.

SECTION B

Complete for each branch location as follows:

Corporation or Occupational License # of Branch – Provide the Corporation or Occupational License # under which the branch location is operating. Please remember, if the branch location has a separate Corporation or Occupational License, they must complete an application for a separate CRA.

Requester Code Access – If the main office and specified branch locations are to have the same type of access, mark "Same as Main Office." If the Main Office is authorized to and is receiving residence address information and the branch locations are to be restricted to basic record information only (i.e., no residence addresses), mark "Basic record only".

DMV USE ONLY – Leave Blank.

Contact Person Name/Title, E-Mail Address, Daytime Phone – Please provide the name, e-mail address (if applicable) and daytime phone number of the individual who will be responsible for the branch location's access.

Street Address – Please provide the physical address of the branch location including number, street, city, state and zip.

Mailing Address – Please provide the mailing address of the branch location where you would like DMV information mailed. If same as street address, state "Same".

Record Storage Address – Please provide the physical location where records will be maintained for on-site inspection, review or audit by DMV or designated representative.



INFORMATION SERVICES BRANCH
INFORMATION SECURITY STATEMENT

To be completed by any individual having access to DMV record information. Annual re-certification is required. (See reverse)

By signing this form, the undersigned represents that he/she has read and understands the same, agrees to its contents and realizes the penalties for non-compliance to its terms.

The Department of Motor Vehicles (DMV) collects information from the public to administer the various programs for which it has responsibility. DMV is committed to protect this information from unauthorized access, use, or disclosure. The following have been adopted to address commercial and governmental users responsibilities for handling and protecting information obtained from the DMV. I understand the following are my responsibilities:

- 1. I may access information only when necessary to accomplish the responsibilities of my employment. I may not access or use information from the DMV for personal reasons.
2. I may disclose DMV information only to individuals who have been authorized to receive it through the appropriate procedures as regulated by DMV.
3. To keep the requester code and/or password confidential, I must take reasonable precautions to maintain the secrecy of any requester code and/or my password.
4. To promptly notify DMV or a supervisor of any indication of misuse or unauthorized disclosure of information obtained from DMV.

Federal law states:

Any person who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under the Driver's Privacy Protection Act (Title 18 of the United States Code, Section 2721 - 2725), shall be liable to the individual to whom the information pertains, who may bring a civil action in a United States district court.

I certify under penalty of perjury, under the laws of the State of California, that I have read and understand the security policies and regulations stated above. I understand that failure to comply with these policies and regulations may result in disciplinary action in accordance with Section 19572 of the Government Code, federal laws and regulations, and/or civil or criminal prosecution in accordance with applicable statutes. I further understand that I may undergo disciplinary action from my employer up to and including termination from employment.

EXECUTED AT CITY COUNTY STATE ZIP CODE
SIGNATURE DATE
X
PRINTED NAME OF SIGNATORY
COMPANY REPRESENTATIVE

This form must be completed upon presentation and re-certified annually and RETAINED AT THE WORKSITE of the Requester Account Holder with a current list of those authorized direct or incidental record access for the life of the account and for two years following the deactivation or termination of the account. This completed form and list must be made available upon request to DMV audit staff.



INFORMATION SERVICES CERTIFICATION OF AGENCY

PLEASE CHECK THE APPROPRIATE BOX BELOW:

- My business is a vehicle dealership licensed to do business in the state of California.
 My business is a vehicle manufacturer licensed to do business in the state of California.

PLEASE PRINT THE FOLLOWING INFORMATION REGARDING YOUR OWN BUSINESS:

NAME				
ADDRESS	STREET	CITY	STATE	ZIP CODE
DEALER/MANUFACTURER LICENSE NUMBER	DAYTIME TELEPHONE NUMBER			
	()			

I hereby certify, under penalty of perjury, that the party specified below is authorized to act as my agent for the purpose of obtaining information from the Department of Motor Vehicles pursuant to Vehicle Code Section 1808.23.

In making this authorization, I agree to:

Hold the Department harmless from any monetary loss to the Department by reason of the use of information obtained from the Department by this agent; **and**

Pay to the Department, its officers, and any other person(s) all civil damages occasioned to the Department or such persons by reason of the following acts or omissions by this agent:

- (a) obtaining information from the Department by means of false or misleading representations, **or**
(b) selling, giving, or otherwise furnishing any information obtained from Department records to any third party not specifically authorized and approved by the Department.

PLEASE PRINT THE FOLLOWING INFORMATION REGARDING THE AGENT YOU ARE AUTHORIZING

NAME				
ADDRESS	STREET	CITY	STATE	ZIP CODE
DRIVER LICENSE NUMBER	TELEPHONE NUMBER			
	()			

I certify, under penalty of perjury, that the foregoing is true and correct.

EXECUTED AT	CITY	COUNTY	STATE
DATE	SIGNATURE OF DEALER OR MANUFACTURER		
	X		