



GOVERNMENT INFORMATION USE APPLICATION

PURPOSE: This application must be used when applying for, making changes to, or renewing an existing Government Use Agreement with the Department of Motor Vehicles (DMV). A Use Agreement is needed when obtaining driver, vehicle, and/or personal information from DMV's record database.

INSTRUCTIONS:

1. Complete in ink or type. If you downloaded this application from DMV's web site you may complete it online. However, you must print the form, sign it and include attachments. Form US 532C provides information about DMV's information-use criteria that may assist you in completing Section J. Form US 532C is available at www.dmvNOW.com.
2. According to § 46.2-208(B), the legal authority establishing the official function(s) for which a government entity is requesting information must be established.
3. Complete **all** parts of the application. Be as specific as possible. If additional space is needed, attach additional pages. Write N/A beside any part(s) or question(s) that do not apply.
4. Have an authorized agent or representative of the applicant sign and date the application. **Unsigned or incomplete applications cannot be processed and will be returned to the applicant.**
5. If also completing an Application for Extranet Transaction Access, complete and attach form US 532 E/ER, with this application.
6. Mail the completed application and supporting documents to the address below.

Use Agreement Services
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
FAX: 804-367-2536

SPECIAL APPLICATION NOTES AND PROVISIONS

- ▶ This application is subject to change based on changes in state or federal laws, rules, and regulations governing access and use of the requested information.
- ▶ By submitting this application, the applicant agrees to comply with all federal and state statutes, rules and regulations and all DMV policies pertaining to personal information disseminated by DMV. Applicants are subject to the provisions of and should be familiar with the following: the Virginia Code §§ 2.2-3800 through 2.2-3809 and §§ 46.2-208, 46.2-209 and 46.2-210; the federal Driver's Privacy Protection Act (DPPA), 18 U.S.C. §§ 2721 through 2725; the Fair Credit Reporting Act, Public Law 91-508.
- ▶ Violation of the state laws concerning use of DMV information and files is punishable under state law as a Class 4 misdemeanor. Violation of federal Driver's Privacy Protection Act (DPPA), Law 91-508 (Fair Credit Reporting Act), and the provisions therein is punishable by a fine up to \$5,000 or two years imprisonment or both.
- ▶ Applications with false, misleading, or otherwise deceptive information will not be processed and may be grounds for criminal prosecution under state and federal law.

The following are standard requirements of a DMV Government Information Use Agreement:

- ▶ All automated systems access users shall, at their own expense, comply with and maintain compliance with all Commonwealth of Virginia IT security policies, standards, and guidelines, including and revisions, amendments, and/or successors thereto. All automated systems access users shall make all necessary modifications to comply with and maintain compliance with all revisions, updates, modifications, and/or successors to such policies, standards, and guidelines at its own costs. All automated systems access users also shall, at their own expense, comply with and maintain compliance with the DMV IT Architecture and Security Documents, as may be amended from time to time.
 - Copies of the current Commonwealth of Virginia IT security policies, standards, and guidelines are available on the VITA Website at <http://www.vita.virginia.gov/library/default.aspx?id=537#securityPSGs>.
 - Copies of the most recent DMV IT Architecture and Security Documents are available on the DMV Website at http://www.dmv.virginia.gov/webdoc/general/security_docs.asp.
- All automated systems access users will be responsible for reviewing these websites for revisions, updates and/or modifications at least once every six months.
- ▶ Antivirus Requirements: Internet User understands and agrees that each and every electronic device used to access data stored on DMV Systems must have commercially available Antivirus software installed and actively running on the device, and that the Antivirus software must be maintained with up to date virus definitions.
- ▶ Document Retention - User must maintain a list of accesses made into DMV records for three years from the date of access.
- ▶ Audit Requirements: DMV reserves the right to audit user to confirm compliance with all requirements in the DMV Use Agreement. User shall provide DMV with full access to and the opportunity to examine any records, electronic devices, and/or other materials necessary to perform such audits.



**INFORMATION SERVICES PROGRAM
GOVERNMENT REQUESTER
INFORMATION USE APPLICATION**

DMV USE ONLY	
CHECK/MO/CC #	AMOUNT
DATE	EXPIRES

Purpose: Use this application when applying for, modifying, or renewing an existing government account.

Instructions: Mail completed application to DMV at the address above.

The information below is required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§ 2.2-803 and 2.2-4800, et al.

APPLICATION TYPE

Check One

Original Application - All sections must be completed. Incomplete applications will be returned unprocessed.

Change(s) to Existing Account - Complete only those sections that are changing (**Required**).

Renewal - All sections must be completed. Incomplete applications will be returned unprocessed.

CURRENT DMV USE AGREEMENT NUMBER

SECTION A. AGENCY INFORMATION

AGENCY NAME		PHONE NUMBER	
DIVISION/PROGRAM THAT WILL REQUEST INFORMATION	FEDERAL ID NUMBER	FAX NUMBER	
CONTACT PERSON NAME / TITLE	EMAIL ADDRESS	PHONE NUMBER	
WEBSITE ADDRESS	BUSINESS TYPE (corporation, LLC, LLP, etc.)	STATE OF ISSUANCE	
STREET ADDRESS (physical location)	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE

SECTION B. AGENCY TYPE

- Federal

 State

 City
 County

 Special District

 Other: (Identify below)

IF OTHER, IDENTIFY AGENCY TYPE

SECTION C. GOVERNMENT INFORMATION USE ACCOUNT HISTORY AND USE

1. Has anyone directly affiliated with any party identified above:

a. previously applied for, had, or have a Government Information Use Account? Yes No

IF YES, BUSINESS NAME	AGREEMENT / ACCOUNT NUMBER
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b. 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 and the date of the incident.

2. 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, name of court and action taken.

3. 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 Government Requester Information Use Application (GRIUA) applicant (i.e., pass through/reformat, other contracted services) as approved by the department. Access authority will be based on the other GRIUA applicant.

SECTION D. INFORMATION DELIVERY METHOD

Check all blocks that indicate how you wish to receive the requested information.

- PICK UP** printed information
- Receive printed information via **MAIL**
- Request information using the Extranet (Internet) application (US 532E/ER application required)
- Request information using the Secure Data Exchange
- Request information through direct access to DMV Web Service
- Request information via **ONLINE** computer access through VITA

SECTION E. TYPE OF INFORMATION REQUESTED

SELECT APPLICABLE INFORMATION TYPE(S) BELOW

1. I am an **EMPLOYER** requesting Driver Record Information on employees as it relates to the driver's license status and activity pursuant to § 46.2-208(B)(11).
- I am a **TNC** requesting Driver Record Information on employees as it relates to the driver's license status and activity pursuant to § 46.2-2099.49.

Intended Use (check all that apply)

- OPTION 1** -- Pre-employment Screening
- OPTION 2** -- Risk Management on current employees
- OPTION 3** -- Participation in DMV's Driver Alert Program plus Risk Management. Enter the day and month you would like to receive your annual production of driver records (mm/dd) _____ NOTE: Records produced are limited to a maximum of 9,999 drivers.

Driver Alert Monitoring Preferences (check all that apply)

- Immediate alert of moving violation convictions.
- Immediate alert if drivers accumulate seven adverse points within a calendar year.
- Immediate alert of suspensions, revocations, disqualifications, cancellations; reckless driving or driving while intoxicated convictions.

2. I am pursuing a **MECHANIC** and/or **STORAGE LIEN** and need Vehicle Information which includes vehicle description, title, registration and vehicle activity as well as current Lienholder(s) pursuant to § 46.2-644.03.

Intended Use

- Notify vehicle owner and lienholder of vehicle location and mechanic and/or storage fees due prior to mechanic and/or storage lien application.

SECTION F. PERMISSIBLE USE(S)/PURPOSE

Each permissible use **must** be listed separately in accordance with provisions of section § 46.2-208(B)(9).

DMV USE ONLY

Select all that apply below AND complete Section J - Validation of User Need.

- Driver Information
- Vehicle information which includes vehicle description, title, registration and vehicle activity.
- Personal information, as defined in § 2.2-3801.
- Other (please describe _____

_____)

1. IDENTIFY PROPOSED USE AND LEGAL AUTHORITY

PROPOSED USE APPROVED

Yes No

REASON CODE

2. IDENTIFY PROPOSED USE AND LEGAL AUTHORITY

PROPOSED USE APPROVED

Yes No

REASON CODE

3. IDENTIFY PROPOSED USE AND LEGAL AUTHORITY

PROPOSED USE APPROVED

Yes No

REASON CODE

4. IDENTIFY PROPOSED USE AND LEGAL AUTHORITY

PROPOSED USE APPROVED

Yes No

REASON CODE

SECTION G. INFORMATION SYSTEM CONTACT PERSON (For online access only.)

CONTACT PERSON NAME		TITLE	
ADDRESS (if different than applicant address)			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER	FAX NUMBER	BUSINESS EMAIL ADDRESS	

SECTION H. USER LIST

Provide a list of all users and a description of the type of access needed to obtain information. Attach a separate list of names if necessary.

SECTION I. THIRD PARTY USERDo you plan to use a third party information service? YES NO If yes, provide name of the service below.

BUSINESS NAME		CONTACT PERSON NAME
MAILING ADDRESS (street address or P.O. box, city, state and zip code)		
PHYSICAL ADDRESS (street address, city, state and zip code) (do NOT enter P.O. boxes)		
TELEPHONE NUMBER	FAX NUMBER	BUSINESS EMAIL ADDRESS

SECTION J. VALIDATION OF USER NEED (Must be attached to this application.)

Attach a copy of any documents supporting the need for the requested information and verifying the identity of the agency or user. Be as thorough as possible and address the following points.

- **The legal authority that authorizes the performance of the requester's official functions and a description of how such information will be used to carry out such official functions.**
- Statement on government letterhead from the applicant user
- Other items validating the user's need as explained in Section F
- For service providers only in addition to above requirements:
 - Security of records, files and systems
 - Names and addresses of data extraction method and software creators/vendors
 - Network diagrams and descriptions of data extraction methods and software
 - Descriptions of system support processes including backup methods and frequencies
- Proposed audit/management controls over access and dissemination of requested information
- Commercial anti-virus software and frequency of updates

CERTIFICATION

I, the undersigned, certify and affirm that: 1) I am a duly authorized agent of the applicant; 2) I am authorized to make application to DMV for any information use agreement for the purpose stated in this application; and 3) all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

USER/BUSINESS NAME (print or type)		REQUEST DATE (mm/dd/yyyy)	
AUTHORIZED REPRESENTATIVE NAME (print or type)		TITLE (print or type)	
AUTHORIZED REPRESENTATIVE ADDRESS (if different from Part 1)			
CITY		STATE	ZIP CODE
SIGNATURE			
TELEPHONE NUMBER	FAX NUMBER	BUSINESS EMAIL ADDRESS	



INFORMATION SECURITY STATEMENT

By signing this form, the undersigned represents that he/she has read and understands the same, agrees to its content, realizes the penalties of non-compliance to its terms, and ensures each employee given access agrees to and understands the same.

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

1. May access information only when necessary to accomplish the responsibilities of employment. May not access or use information from the VA DMV for personal reasons. (Examples of inappropriate access or misuse of VA DMV information include, but are not limited to: making personal inquiries or processing transactions on any records or those of friends or relatives; accessing information about another person, including locating their residence address, for any reason that is not related to job responsibilities.)
2. May disclose VA DMV information only to individuals who have been authorized to receive it through the appropriate procedures as regulated by VA DMV. Requesters of information must complete the appropriate forms, submit them to VA DMV as specified in the use agreement addendum, and pay all applicable fees. A proper accounting of all disclosures must be made and the subject must be notified in accordance with statute and the VA DMV directives. (Examples of unauthorized disclosures include, but are not limited to: telling someone the address of another person when it is not an authorized disclosure or part of job responsibilities.)
3. To keep the requester code and/or password confidential, authorized users must take reasonable precautions to maintain secrecy of any requester code and/or password. Reasonable precautions include, but are not limited to: not telling or allowing others to view passwords or requester code; securing pc/laptop with a locking device; storing user documentation to sensitive programs in a secure place; destroy VA DMV information in a manner that it cannot be reproduced or identified in any physical or electronic form in accordance with VA addendum; and report any suspicious circumstances or unauthorized individuals observed in the work area to supervisor, if applicable.
4. To promptly notify manager or supervisor of any indication of misuse or unauthorized disclosure of information obtained from VA 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 civil action in a United States district court.

I hereby acknowledge that I am an authorized representative of the agency named in Section A and have been designated as the person responsible for compliance with the statutes and regulations pertaining to access and use of Department record information. I have read and agree to the provisions contained herein and shall be responsible for the orientation, training, and supervision of persons authorized to access Department record information.

I understand that false or misleading answers are cause for denial and/or termination of any access agreement granted. I understand that if this application for requester account is approved, I will be required to conform to the statement presented within. Any deviations will be considered by DMV as a misuse and may result in both revocation of the account and refusal of subsequent applications.

I certify (or declare) under penalty of perjury under the laws of the State of Virginia that the foregoing is true and correct.		
NAME AND TITLE OF GOVERNMENTAL OFFICIAL OR AUTHORIZED REPRESENTATIVE (print)		TELEPHONE NUMBER
SIGNATURE		DATE (mm/dd/yyyy)
CITY	STATE	ZIP CODE
APPROVED BY DEPARTMENT OF MOTOR VEHICLES REPRESENTATIVE		
NAME AND TITLE (print)		DATE (mm/dd/yyyy)
SIGNATURE		

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 three years from the date of access. The completed form and list must be made available upon request to DMV audit staff.

