

**PURPOSE:** This application must be used when applying for or renewing an existing 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 for Parts 8 and 9. Form US 531C provides information about DMV's information-use criteria that may assist you in completing Parts 8 and 9. Form US 531C is available at [www.dmvNOW.com](http://www.dmvNOW.com).
2. 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.
3. 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.
4. If also completing an Application for Extranet Transaction Access, form US 531 E/ER, with this application, only one \$25 application fee is required. Non-profit and charitable entities specified in Virginia Code § 46.2-208, unless exempt from fees based on this code section, are subject to an application fee of one-half the normal fee or \$12.50.
5. Mail the completed application, supporting documents, and the appropriate application fee to the address below.

User Services  
Virginia Department of Motor Vehicles  
Post Office Box 27412  
Richmond, Virginia 23269-0001

**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.

# INFORMATION USE APPLICATION

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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.

Print or type

PART 1: USER INFORMATION		
CURRENT DATE (mm/dd/yyyy)	BUSINESS NAME	
TYPE OF APPLICATION (check the appropriate box) <input type="checkbox"/> NEW APPLICANT <input type="checkbox"/> RENEWAL	TYPE OF BUSINESS	
FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER		
ADDRESS (street and post office box)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER (      )	FAX NUMBER (      )	EMAIL ADDRESS

PART 2: TYPE OF INFORMATION REQUESTED
Give a detailed description of the information you are requesting. Attach additional pages, if needed.

PART 3: PURPOSE FOR INFORMATION REQUESTED
Be specific in describing how the requested information will be used. Attach additional pages, if needed.

# INFORMATION USE APPLICATION

## PART 4: INFORMATION DELIVERY METHOD

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

	<b>PICK UP</b> printed information
	Receive printed information via <b>MAIL</b>
	<b>PICK UP</b> computer tapes containing information
	Receive computer tapes containing information via <b>MAIL</b>
	Request information via <b>ONLINE</b> computer access (high volume only)

## PART 5: INFORMATION SYSTEM CONTACT PERSON (For online access only.)

CONTACT PERSON NAME	
ADDRESS (if different from applicant address)	
CONTACT PERSON TITLE	TELEPHONE NUMBER (     )
EMAIL ADDRESS	FAX NUMBER (     )

## PART 6: 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.

Do you plan to use a third party information service?    Yes    No   If yes, provide name of the service below.

## PART 7: BILLING INFORMATION

Check the block that indicates how you wish to be billed.

	Pay in person <b>AT TIME OF RECEIPT</b>	
	<b>DIRECT BILLING</b> monthly by DMV	
	Applicant is <b>EXEMPT FROM FEES</b> based on Section 46.2-214 of the Code of Virginia, as amended	
	Pay a <b>Third Party Information Service</b> for access and information/transactions. (Complete information below.)	
	INFORMATION SERVICE NAME	
	CONTACT PERSON NAME	TELEPHONE NUMBER (     )

# INFORMATION USE APPLICATION

Print or type

## PART 8: INFORMATION SECURITY (Must be attached to this application.)

Attach a copy of a plan outlining the steps or methods you will take to secure and protect the information requested in this application. Be as thorough as possible and address the following points.

- Security of files and/or copies of records (for hardcopy)
- Security of online computer terminals (online users only)
- Designation of authorized users/assignment of access codes
- For automated interfaces/electronic extraction and storage of data, if applicable
  - 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

## PART 9: 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 company or user. Be as thorough as possible and address the following points.

- Business license or professional license
- Company charter, annual report or financial statement
- Statement on company letterhead from the applicant user
- Other items validating the user's need as explained in Part 3

## PART 10: CERTIFICATION

I, the undersigned, certify that: 1) all information contained herein is true; 2) I am a duly authorized agent of the applicant; and 3) I am authorized to make application to DMV for any information use agreement for the purpose stated in this application.

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)	
SIGNATURE	
TELEPHONE NUMBER (     )	FAX NUMBER (     )
EMAIL ADDRESS	

## DMV USE ONLY

APPLICATION <input type="checkbox"/> Approved <input type="checkbox"/> Denied	SIGNATURE
IF APPROVED, LIST DATE (mm/dd/yyyy) USE AGREEMENT MAILED	TITLE
IF DENIED, GIVE REASON(S)	DATE (mm/dd/yyyy)