US 532 E/ER (08/25/2022)



### APPLICATION FOR EXTRANET TRANSACTION ACCESS

#### \*\*\* NOTICE TO OUR CUSTOMERS \*\*\*

Effective September 1, 2022, all initial Information Use and renewal applications must be submitted electronically to Use Agreement Services (UAS). This is mandated by the Code of Virginia §46.2-216.1. Please visit our website at <a href="https://www.dmv.virginia.gov/#/DMV2Go">https://www.dmv.virginia.gov/#/DMV2Go</a> for more information.

Should you have any questions or concerns regarding this matter, please contact UAS by email at useagreement@dmv.virginia.gov or by phone at (804) 474-2294.

**PURPOSE:** 

This application must be used when applying for, making changes to, or renewing an existing Memorandum of Understanding and Agreement (MOU) with the Department of Motor Vehicles (DMV). An MOU is needed when obtaining driver, vehicle and/or personal information from DMV's record database or providing information to DMV's record database via the Internet (extranet).

#### **INSTRUCTIONS:**

- 1. Complete in ink or type. If you downloaded this application from DMV's website you may complete it online. However, you must print the form and sign it.
- 2. Complete **all** applicable 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 completing a Commercial Information Use Application (form US 532A) and a Government Information Use Application (form US 532B), 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. Submit the completed application to the address below.

Email: useagreement@dmv.virginia.gov

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 rules, laws, and regulations governing access to DMV records and the information they contain, including the Virginia Code §§ 18.2-152.1 through 18.2-152.14 and the federal 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. Violations of federal Fair Credit Reporting Act, Public Law 91-508 and the provisions therein are punishable by a fine up to \$5,000 or two years imprisonment or both.
- ▶ When approved, users are subject to reasonable inspection and/or audit by DMV to ensure compliance with the terms and provisions stated in the Memorandum of Understanding and Agreement.
- ► 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 Extranet Memorandum of Understanding and Agreement:

- All extranet 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 extranet 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 extranet 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#security\_docs.asp.
  - Copies of the most recent DMV IT Architecture and Security Documents are available on the DMV Website at <a href="http://www.dmv.virginia.gov/webdoc/general/security\_docs.asp">http://www.dmv.virginia.gov/webdoc/general/security\_docs.asp</a>.

All extranet users will be responsible for reviewing these websites for revisions, updates and/or modifications at least once every six months.

- ► Antivirus Requirements: Extranet 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.
- Audit Requirements: DMV reserves the right to audit User to confirm compliance with all requirements in the DMV Memorandum of Understanding and 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.

## APPLICATION FOR EXTRANET TRANSACTION ACCESS

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

	PART 1: USER INFORMATION (All applicants must complete this part.)									
CURRENT DATE (mm/dd/yyyy)	BUSINESS NAME									
TYPE OF APPLICATION (check the appropriate box)		I C L I								
☐ NEW APPLICANT	RENEWAL	001	RRENT DMV USE AGREEMENT NUMBER							
TYPE OF BUSINESS										
FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER		DEALER CERTIFICATE NUMBER(S) (required for dealers only)								
STREET ADDRESS		CITY		STATE	ZIP CODE					
STREET ADDRESS					2.11 0002					
POST OFFICE BOX		CITY		STATE	ZIP CODE					
TELEPHONE NUMBER	FAX NUMBER	BUSINESS EN	MAIL ADDRESS							
			CESS (All applicants must compl	ete this par	t.)					
Check the appropriate block to indicate the type of DMV transactions you wish to conduct.										
	nsibility Insurance Certificatio bmissions (Application Fee R		mplete Part 3 below) (No Application Fe	e Required)						
			s (No Application Fee Required)							
☐ Request Mechanic and S	torage Lien Transcripts (US 5	32A or US	532B Required)							
	nation Transcripts (Voter Regi mmary Letter (US 532A or US									
	ts (US 532A or US 532B Req		illed)							
Request Driver Alert Elec	tronic Notifications (US 532A	or US 532E	Required)							
	ipts (US 532A or US 532B Re		atas (No Application Foe Required)							
Renew Dealer Certificate, Salesperson License, Dealer License Plates (No Application Fee Required)  Temporary Tag Inventory Maintenance (No Application Fee Required)										
			No Application Fee Required)							
Submit CDL 3rd Party Tester Road Skills Test Results (Employee Based - No Application Fee Required)										
Submit CDL Driver Training School 3rd Party Tester Road Skills Test Results (Students - Application Fee Required)										
□ Submit Escort Vehicle Driver Training Results (No Application Fee Required) □ Submit Escort Vehicle Driver Training Results - Remote Tester (No Application Fee Required)										
Submit Escort Vehicle Re	emote Tester Invoice Paymen	ts. (No app	lication fee required)							
Submit Insurance Acknowledgment (complete Part 3) (No Application Fee Required)										
Submit Insurance Filings for Motor Carriers (complete Part 3 below) (No Application Fee Required)										
☐ Process Conviction Reports (courts only) ☐ Process Local Vehicle Registration (LVR). Are you under contract with another jurisdiction to administer local vehicle										
registrations? \(\sum \text{YES} \sum \text{NO} \) NO If yes, list all applicable jurisdictions.										
☐ Vehicle Disposition Repo	orting (Scrap Metal applicants)	•	e locations exists, please attach a list of	all location n	ames and					
Vohiolo Dianosition Bono	erting (Domolishor/Solvego Do		es (No Application Fee Required)	in Dort 1						
☐ Vehicle Disposition Reporting (Demolisher/Salvage Dealer applicants) please list all certificate numbers in Part 1  (No Application Fee Required)										
, 11										
PART 3: INSURANCE COMPANY INFORMATION (Insurance companies only)										
			g to process Financial Responsibility	Insurance (	Certification					
Filings, Insurance Filings for Motor Carriers, and Insurance Acknowledgements.  Provide the name(s) of all insurance company(ies), their insurance code(s) or the NAIC for which you will be filing. (Insurance										
codes are for SR22/26, FR44/46 and Insurance Acknowledgement filers only.)										
Name of Insurance Company Insurance/NAIC Code										

# APPLICATION FOR EXTRANET TRANSACTION ACCESS

PART 4: NEW USER INFORMATION (All applicants must complete this part.)											
				equested access. Okta Authentication Credentials plicable fees will be invoiced.			n Credentials (red	quired for			
User Name (first, middle initial, las				en Name	Name		Business Email Address				
EXICTING LICEDS: All arran			animan di Oleta Acethametica	tion One dentiele	م اماری مام		.f.,				
User Nam		nave an as	an assigned Okta Authentication Credentials			·					
(first, middle init		Mother's Maiden Name		Busir	Business Email Address		S Curre	nt Log On ID			
	· · ·										
		•					·				
	PART 5: SECU	RITY INF	ORMATION (All a	pplicants mu	ust cor	mplete this	part.)				
All organizations with extranet transaction access must designate a security officer who is responsible for administering user logon IDs. Provide the following information for your designated security officer.											
TELEPHONE NUMBER	FAX NUMBER	BUSINESS EMAIL ADDRESS									
			<del>_</del>								
SECURITY OFFICER NAME			SECURITY OFFICER SIGNATURE								
	PART 6: C	ERTIFIC	ATION (All applic	ants must co	omplet	te this part	.)				
I, the undersigned, certify a	and affirm that: 1	) I am a dı	uly authorized agent	of the applicant	t; 2) la	m authorized	l to make applicat				
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)				CURRENT DATE (mm/dd/yyyy)							
AUTHORIZED REPRESENTATIV	TITLE (print or type)										
AUTHORIZED REPRESENTATIVE ADDRESS (if different from Part 1)											
CITY						STATE	ZIP CODE				
SIGNATURE							1				
TELEPHONE NUMBER	FAX NUMBER		BUSINESS EMAIL ADDRE	SS							
DMV/HCE ONLY											
APPLICATION DMV AUTHORIZED REPRESENTATIVE SIGNATURE											
□ APPROVED □ DENIED											
IF APPROVED, LIST DATE (mm/d	dd/yyyy) (USE AGREE!	MENT MAILE	ED) TITLE								
IF DENIED, GIVE REASON(S)							DATE (mm/dd/yyy	/y)			