



## COMMERCIAL REQUESTER AD-HOC REQUEST FORM/AGREEMENT

**Purpose:** Use this form when requesting ad-hoc data files.

**Instructions:** Email the completed form to useagreement@dmv.virginia.gov.

### SECTION A. BUSINESS REQUESTOR INFORMATION

BUSINESS NAME		PHONE NUMBER	
CONTACT PERSON NAME / TITLE	PHONE NUMBER	FAX NUMBER	
FEDERAL ID NUMBER	EMAIL ADDRESS		
MAILING ADDRESS	CITY	STATE	ZIP CODE

### SECTION B. BUSINESS REQUESTOR TYPE

<input type="checkbox"/> Individual	<input type="checkbox"/> Private Investigator	<input type="checkbox"/> Dealer
<input type="checkbox"/> Compliance Agent	<input type="checkbox"/> Other: (Identify below)	

IF OTHER, IDENTIFY TYPE

### SECTION C. TYPE OF INFORMATION REQUESTED

#### SELECT APPLICABLE INFORMATION TYPE(S) BELOW

Select all that apply below AND identify proposed use for each type of information selected.

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

	DMV USE ONLY
1. IDENTIFY PROPOSED USE	PROPOSED USE APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No REASON CODE
2. IDENTIFY PROPOSED USE	PROPOSED USE APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No REASON CODE
3. IDENTIFY PROPOSED USE	PROPOSED USE APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No REASON CODE

### CERTIFICATION

I, the undersigned, certify and affirm that: 1) I am a duly authorized representative of the above business or entity; 2) I am authorized to submit ad-hoc request(s) to DMV for the purpose stated in this request; 3) all information presented in this form is true and correct; and 4) I agree that the information I obtain is confidential and privileged and may be used only for the permissible purpose stated in this agreement. I understand that knowingly making a false statement or representation on this form is a criminal violation, and that this request upon signature, becomes an agreement between DMV and the undersigned.

REQUESTOR NAME (print or type)	REQUEST DATE (mm/dd/yyyy)	
SIGNATURE		
TELEPHONE NUMBER	FAX NUMBER	BUSINESS EMAIL ADDRESS