



Virginia Department of Motor Vehicles  
 Post Office Box 27412  
 Richmond, Virginia 23269-0001  
 www.dmv.virginia.gov

## GOVERNMENT 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](mailto:useagreement@dmv.virginia.gov).

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

### SECTION A. AGENCY INFORMATION

AGENCY NAME		PHONE NUMBER	
DIVISION/PROGRAM REQUESTING INFORMATION		FEDERAL ID NUMBER	FAX NUMBER
CONTACT PERSON NAME / TITLE		EMAIL ADDRESS	PHONE NUMBER
MAILING ADDRESS	CITY	STATE	ZIP CODE

### SECTION B. AGENCY TYPE

Federal                       State                       City  
 County                       Special District                       Other: (Identify below)

IF OTHER, IDENTIFY AGENCY 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) \_\_\_\_\_

Each permissible use **must** be listed separately in accordance with provisions of §46.2-208(B)(9).  
 Please include the legal authority that authorizes the performance of the requester's official function.

1. IDENTIFY PROPOSED USE AND LEGAL AUTHORITY

DMV USE ONLY	
PROPOSED USE APPROVED	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
REASON CODE	
PROPOSED USE APPROVED	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
REASON CODE	
PROPOSED USE APPROVED	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
REASON CODE	

2. IDENTIFY PROPOSED USE AND LEGAL AUTHORITY

3. IDENTIFY PROPOSED USE AND LEGAL AUTHORITY

### CERTIFICATION

I, the undersigned, certify and affirm that: 1) I am a duly authorized employee of the agency; 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 agree that the information obtained will not be used for civil immigration purposes or knowingly disseminated to any third party for any purpose related to civil immigration enforcement. Distribution of privileged information, as described at Va. Code § 46.2-208, to any third party is prohibited unless specifically identified and agreed to by DMV. 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 my agency.

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