DMV
www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

INFORMATION USE APPLICATION

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 9 and 10. Form US 531C provides information about DMV's information-use criteria that may assist you in completing Parts 9 and 10.
Form US 531C is available at 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.

Use Agreement 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.

The following are standard requirements of a DMV 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 USE APPLICATION

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)

☐ NEW APPLICANT ☐ RENEWAL

CURRENT DMV USE AGREEMENT NUMBER

TYPE OF BUSINESS

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER

ADDRESS (street and post office box)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

BUSINESS EMAIL ADDRESS

PART 2: TYPE OF INFORMATION REQUESTED

SELECT APPLICABLE INFORMATION TYPE(S) BELOW

A. Select all that apply below AND complete Part 3 - Purpose For Information Requested.
☐ Driver Information
☐ Vehicle information which includes vehicle description, title, registration and vehicle activity.
☐ Personal information, as defined in §§ 2.2-3801.
☐ Other (please describe _____
_____
_____

B. ☐ I am an EMPLOYER requesting Driver Record Information on employees as it relates to the driver's license status and activity.
☐ I am a TNC requesting Driver Record Information on employees as it relates to the driver's license status and activity.
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.

C. ☐ 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).
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.

PART 3: PURPOSE FOR INFORMATION REQUESTED

Be specific in describing how the requested information will be used. Attach additional pages, if needed.

PART 4: 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 via ONLINE computer access through VITA (Government ONLY)

☐ Request information using the Extranet (Internet) application (US531E/ER application required)

☐ Request information using the Secure Data Exchange

☐ Request information through direct access to DMV Web Service

PART 5: 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

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.

PART 7: THIRD PARTY USER

Do 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

PART 8: BILLING INFORMATION

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

☐ **Pay in person AT TIME OF RECEIPT**

☐ **DIRECT BILLING** monthly by DMV

☐ Applicant is **EXEMPT FROM FEES** based on Section 46.2-214 of the Code of Virginia, as amended

☐ Pay a **Third Party Information Service** for access and information/transactions. (Complete information below.)

INFORMATION SERVICE NAME	
CONTACT PERSON NAME	TELEPHONE NUMBER

INFORMATION USE APPLICATION

PART 9: 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
 • Commercial anti-virus software and frequency of updates

PART 10: 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 11: 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