



REGISTRATION OPERATIONS BRANCH  
**BUSINESS PARTNER AUTOMATION PROGRAM**

**REPRESENTATIVE NON-DISCLOSURE STATEMENT**

REQUESTOR (Business Partner)		REPRESENTATIVE (Representative of Business Partner)	
COMPANY NAME		COMPANY NAME AND/OR INDIVIDUAL NAME	
PHYSICAL ADDRESS (Street)		PHYSICAL ADDRESS (Street)	
CITY	STATE ZIP CODE	CITY	STATE ZIP CODE
MAILING ADDRESS (Street)		MAILING ADDRESS (Street)	
CITY	STATE ZIP CODE	CITY	STATE ZIP CODE
NAME OF CONTACT PERSON	TELEPHONE NUMBER ( )	NAME OF CONTACT PERSON	TELEPHONE NUMBER ( )

A Representative is an individual, other than an employee, authorized by a Business Partner to perform a specified business function. The Representative may not directly process registration transactions for DMV.

I hereby acknowledge that, pursuant to California Vehicle Code (CVC) Section 1808.21, any residence/ mailing address in any record obtained from the California Department of Motor Vehicles is confidential information. I have also read and understand the provisions of the Section 1808.47 CVC:

*“Any person who has access to confidential or restricted information from the Department shall establish procedures to protect the confidentiality of those records. If any confidential or restricted information is released to any agent of a person authorized to obtain information, the person shall require the agent to take all steps necessary to ensure confidentiality and prevent the release of any information to a third party. No agent shall obtain or use any confidential or restricted records for any purpose other than the reason the information was requested.”*

Pursuant to the above, I understand that the following are my responsibilities:

1. To protect the confidentiality of any residence/ mailing address information provided to me by and on behalf of the Business Partner.
2. To promptly notify DMV of any indication of misuse or unauthorized disclosure of confidential or restricted departmental information.

***I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to Sections 1808.45 and 1808.46 CVC.***

The information regarding the Department’s practices or records obtained in the course of the compliance audit is considered confidential information and is not to be released to any party that is not involved in the audit.

***I certify under the penalty of perjury under the laws of the State of California that the above statements are true and correct.***

EXECUTED AT	CITY	COUNTY	STATE
DATE	SIGNATURE OF REPRESENTATIVE <b>X</b>		
NAME AND TITLE OF SIGNATORY			

This form must be completed and **RETAINED AT THE WORKSITE** of the Business Partner with a written agreement between the Representative and the Business Partner for the life of the agreement and for three years. This completed form and the agreement must be made available to the Department upon request.