



Information Services Branch
COMMERCIAL REQUESTER ACCOUNT APPLICATION

Account Number \_\_\_\_\_

DMV USE ONLY table with columns: CHECK/M.O. #, AMOUNT, CA ID/DATE, EXPIRES

- Check One Only:
Original Application (All sections must be completed or application will be returned unprocessed.)
Change(s) to existing Account—Complete only those sections that are changing and list ALL existing Requester Code(s) (REQUIRED)
Renewal (All sections must be completed or application will be returned unprocessed.)

IMPORTANT

TO AVOID PROCESSING DELAYS, PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETING FORM.

SECTION A. BUSINESS INFORMATION

Form fields for Section A: 1. BUSINESS NAME, 2. DAYTIME TELEPHONE NUMBER, 3. DBA, 4. INTERNET WEBSITE ADDRESS, 5. FAX NUMBER, 6. CONTACT PERSON NAME/TITLE, 7. E-MAIL ADDRESS, 8. DAYTIME TELEPHONE NUMBER, 9. STREET ADDRESS, 10. MAILING ADDRESS

SECTION B. BUSINESS IDENTIFICATION

Form fields for Section B: 1. FEDERAL EMPLOYER ID# OR STATE TAX ID #, 2. CORPORATION, LLC, LLP, LP ID#, IF APPLICABLE, STATE OF ISSUANCE, 3. OTHER (PLEASE IDENTIFY)

SECTION C. BUSINESS TYPE

- Attorney/Law Office, Auto Auction, Dealer (Vehicle/Vessel), Dismantler (Vehicle/Vessel), Distributor (Vehicle/Vessel), Financial Institution, Hospital/Clinic, Independent Institution of Higher Education, Insurance Agent/Agency/Broker, Insurance Company, Lessor/Retailer, Lien Sale, Manufacturer (Vehicle/Vessel), Media, PI/Detective Agency, Process Server, Registration Service, Rental Company (Vehicle/Vessel), Salvage Company, Other: (Please Identify)

SECTION D. PROFESSIONAL/OCCUPATIONAL LICENSE INFORMATION

Form fields for Section D: 1. PROFESSIONAL OR OCCUPATIONAL LICENSEE NAME, 2. ISSUING AGENCY NAME, A. LICENSE NUMBER, B. EXPIRATION DATE (MONTH/YEAR)

SECTION E. COMMERCIAL REQUESTER ACCOUNT HISTORY AND USE

- 1. Has anyone directly affiliated with any party identified in Section A:
a. previously applied for, had, or have a Commercial Requester Account?
b. been subject to a DMV administrative action?
2. Has anyone having access ever been convicted of any crime for a violent act, stalking, computer fraud, or for unauthorized disclosure, access or distribution of information?
3. a. I will be using the information for my own business use as approved by the department.
b. I will be using the information to perform a legitimate business service on behalf of another CRA applicant

**SECTION F. RECORD ACCESS METHOD**

1. Will you obtain information through a DMV approved Service Provider/Vendor?  Yes  No  
 If "Yes", is the access method on-line? (*Instant response*)  Yes  No  
 If "No", please provide a mailing address where you would like your invoices sent. If address is the same as the mailing address identified in Section A, please state "Same": \_\_\_\_\_
2. Are you interested in other electronic information access directly from the DMV?  Yes  No  
 If "yes", see instructions for other access methods and who to contact.

**SECTION G. PERMISSIBLE USE(S)/PURPOSE - Each permissible use must be listed separately. For DMV Use Only**

1. IDENTIFY PROPOSED USE	Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Requester Code Issued # _____
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence address requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. IDENTIFY PROPOSED USE	Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Requester Code Issued # _____
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence address requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. IDENTIFY PROPOSED USE	Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Requester Code Issued # _____
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence address requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. IDENTIFY PROPOSED USE	Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Requester Code Issued # _____
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence address requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION H. ACKNOWLEDGEMENT AND CERTIFICATION STATEMENT**

*I hereby acknowledge that I have received, read, and agree to the Commercial Requester Account Terms and Conditions (INF 1230).*

*I understand that the use, or unauthorized disclosure, of departmental information for a purpose other than that for which this applicant applied, and was approved by the Department, is prohibited and subject to criminal prosecution, including fines and imprisonment. (California Vehicle Code Section 1808.45) I further understand that obtaining departmental information under false representations, the distribution of restricted information, or use of information for a purpose not specified by this applicant and approved by the Department, may result in suspension/revocation of applicant's access privileges and civil penalties up to \$100,000. (California Vehicle Code Section 1808.46)*

*I certify (or declare) under penalty of perjury under of the laws of the State of California that the foregoing is true and correct. I further consent to receive service of process pursuant to the provisions of California Vehicle Code Section 1808.21(c).*

EXECUTED AT CITY COUNTY ON (DATE)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

**X**

PRINTED NAME TITLE DAYTIME TELEPHONE NUMBER  
( )

**SECTION I. DMV APPROVAL**

**STATE OF CALIFORNIA  
Department of Motor Vehicles**

SIGNATURE (DMV REPRESENTATIVE) DATE

**X**

**IMPORTANT**  
 Information provided on this form is Public Record, unless expressed otherwise in statute.  
 Any confidential information will not be released to the general public.

**Applicant must retain a copy of the application for their records.**

**Mail To: DMV, Account Processing Unit  
 MS-H221, P.O. Box 944231,  
 Sacramento, CA 94244-2310**