



INFORMATION SERVICES BRANCH  
**COMMERCIAL REQUESTER ACCOUNT  
 SERVICE PROVIDER APPLICATION**

DMV USE ONLY	
CHECK/M.O. #	CHECK/M.O. AMOUNT
CA DL/ID DATE	EXPIRES

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

- 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 R-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**

1. NAME OF SOLE OWNER, PARTNERSHIP, LLP, LLC, CORPORATION OR ASSOCIATION			2. DAYTIME PHONE
3. DBA (FICTITIOUS BUSINESS NAME)	4. INTERNET WEBSITE ADDRESS (IF NONE, SO STATE)	5. FAX NUMBER	
6. CONTACT PERSON NAME/TITLE (INDIVIDUAL RESPONSIBLE FOR THE ACCOUNT)	7. E-MAIL ADDRESS	8. DAYTIME PHONE	
9. STREET ADDRESS (PHYSICAL LOCATION REQUIRED)	CITY	STATE	ZIP
10. MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)	CITY	STATE	ZIP

**SECTION B. BUSINESS IDENTIFICATION**

1. FEDERAL EMPLOYER ID # OR STATE TAX ID #	2. ID NUMBER ISSUED TO CORPORATION, LLC, LLP, LP, IF APPLICABLE, AND STATE OF ISSUANCE
	ID Number State of Issuance
3. OTHER (PLEASE IDENTIFY)	

**SECTION C. COMMERCIAL REQUESTER ACCOUNT HISTORY AND USE**

- Has anyone directly affiliated with any party identified in Section A:
  - previously applied for, had, or have a Commercial Requester Account? .....  No  Yes  
 If yes, print Business Name and/or DBA \_\_\_\_\_  
 Agreement/Account or Requester Code # \_\_\_\_\_
  - been subject to a DMV administrative action? .....  No  Yes  
 If yes, attach a separate sheet that includes the type of action, the name of the person and/or business, the reason and date of incident.)
- Has anyone having access ever been convicted of any crime for a violent act, stalking, computer fraud, unauthorized disclosure, access or distribution of information? .....  No  Yes  
 If yes, attach a separate sheet that includes the name of the person, the specific code violation, conviction date, court, and action taken.

**SECTION D. TYPE OF SERVICE BEING PROVIDED - (CHECK EITHER #1 OR #2, NOT BOTH)**

Describe the type of service you will be providing to the approved requester:

- I will be providing a Pass Through/Reformat Service (Vendor/Reseller) for DMV approved requesters.
  - Direct to DMV
  - Intermediate Vendor/Reseller indirectly through another approved Vendor/Reseller
- I will be performing "contracted services," acting in a Principal/Agent capacity on behalf of...
  - A Government Requester Account Holder\*
  - A Commercial Requester Account Holder\*

**\*Note: Agent Authorization form (INF 03) is required for access. See instructions D.2. for further information.**

**SECTION E. METHOD OF ACCESS (See instructions for descriptions)**

Identify your proposed method of access:

- 1. Manual **(CHECK BOX — PROCEED TO SECTION G)**  
 Hardcopy (Paper)
- 2. Electronic **(CHECK APPROPRIATE BOX — PROCEED TO SECTION G)**  
 VPN     FTP     TAPE VIA IBM 3480 (Non-compressed) or IBM 3490 (compressed)
- 3. Direct Access **(CHECK BOX – SECTION F MUST BE COMPLETED)**  
 Direct Access (direct computer-to-computer) - Commonly known as “On-Line”

**SECTION F. ON-LINE DIRECT ACCESS**

A **Special Permit Holder** is a requester who has been authorized by DMV for computer-to-computer communication in order to access DMV record information. A one-time permit fee of \$10,000 is required. Applicants must be able to comply with all technical, security and programming requirements necessary to interface with DMV’s automated systems. Please contact the DMV’s Electronic Access Administration Unit at (916) 657-5582 for technical, security and programming requirements.

**IMPORTANT**

I have included a completed *Personal History Questionnaire* form (INF 1174) for each individual listed below as well as each sole owner, partner and corporate officer.

1. ACCESS CONTROL ADMINISTRATOR NAME (LAST, FIRST, MI)	TITLE
2. REVIEW SECURITY ADMINISTRATOR NAME (LAST, FIRST, MI)	TITLE
3. LIST ANY CURRENT REQUESTER CODE NUMBER(S) TO BE USED FOR ON-LINE SERVICE	
4. DO YOU WANT A NEW REQUESTER CODE FOR ON-LINE <input type="checkbox"/> YES <input type="checkbox"/> NO	

**SECTION G. ACKNOWLEDGEMENT AND CERTIFICATION STATEMENT**

*I hereby acknowledge that I have received and read the “Commercial Requester Information Handbook” (INF 2105) and hereby agree to the terms and conditions contained therein, including any “Security Requirements” (Chapter 2) that may be applicable based on method of access.*

*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 understand that my requester code has been issued for DMV tracking purposes only and that information access will be based on the access authority of the approved requester for whom I will be providing the approved service.*

*I declare under penalty of perjury of the laws of the state of California that the information submitted on this application is true and correct to the best of my knowledge and herein 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**

PRINT NAME	TITLE	DAYTIME TELEPHONE #
------------	-------	---------------------

**SECTION H. DMV APPROVAL - STATE OF CALIFORNIA, DEPARTMENT OF MOTOR VEHICLES**

SIGNATURE (DMV REPRESENTATIVE) <b>X</b>	DATE
--	------

**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. Retain copy for your records then mail to:

**DMV, Account Processing Unit – MS-H221**  
**P.O. Box 944231**  
**Sacramento, CA 94244-2310**  
**(Physical Address: 2570 24th Street, Sacramento, CA 95818)**