STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

DEPARTMENT OF MOTOR VEHICLES
COMMERCIAL REQUESTER ACCOUNT APPLICATION

Account _____

DMV USE ONLY	
CHECK/M.O.	AMOUNT
DATE	EXPIRES

Check One Only:
- ☐ Original
- ☐ Renewal
- ☐ Change(s) to existing Account—list ALL existing Requester Code(s) _____ **(REQUIRED)**

IMPORTANT

ORIGINAL AND RENEWAL APPLICATIONS MUST COMPLETE ALL SECTIONS. CHANGES TO EXISTING ACCOUNTS – PLEASE COMPLETE ONLY APPLICABLE SECTIONS.

SECTION 1 — BUSINESS INFORMATION

BUSINESS NAME		TELEPHONE NUMBER ( )	
DBA (*FICTITIOUS BUSINESS NAME*)	WEBSITE ADDRESS (*IF NONE, SO STATE*)	FAX NUMBER	
CONTACT PERSON NAME/TITLE (*INDIVIDUAL RESPONSIBLE FOR THE ACCOUNT*)	E-MAIL ADDRESS	TELEPHONE NUMBER ( )	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (☐ *IF SAME AS BUSINESS ADDRESS*)	CITY	STATE	ZIP CODE

SECTION 2 — BUSINESS IDENTIFICATION

FEDERAL EMPLOYER ID# OR STATE TAX ID	CORPORATION, LLC, LLP, LP ID#, IF APPLICABLE Number:	STATE OF ISSUANCE

OTHER (*PLEASE IDENTIFY*)

SECTION 3 — BUSINESS TYPE

- ☐ Attorney/Law Office
- ☐ Auto Auction
- ☐ Dealer (Vehicle/Vessel)
- ☐ Dismantler (Vehicle/Vessel)
- ☐ Distributor (Vehicle/Vessel)
- ☐ Financial Institution/Lender
- ☐ Healthcare Provider
- ☐ Independent Institution of Higher Education
- ☐ Insurance Agent/Agency/Broker
- ☐ Insurance Company
- ☐ Lessor/Retailer (Vehicle/Vessel)
- ☐ Lien Sale
- ☐ Manufacturer (Vehicle/Vessel)
- ☐ Media
- ☐ Private Investigator
- ☐ Process Server
- ☐ Registration Service (Vehicle/Vessel)
- ☐ Rental Company (Vehicle/Vessel)
- ☐ Salvage Company (Vehicle/Vessel)
- ☐ Other: (Please Identify) _____

SECTION 4 — PROFESSIONAL/OCCUPATIONAL LICENSE INFORMATION

PROFESSIONAL OR OCCUPATIONAL LICENSEE NAME

LICENSE NUMBER	EXPIRATION DATE (*MONTH/YEAR*)	ISSUING AUTHORITY

SECTION 5 — COMMERCIAL REQUESTER ACCOUNT HISTORY AND USE

1. Has anyone directly affiliated with any party identified in Section 1:
   a. applied for, had, or have a Commercial Requester Account? ☐ Yes ☐ No ☐ Same as Section 1
      If yes, print Business Name and/or DBA _____ and
      Agreement/Account or Requester Code #, if known _____
   b. been subject to a DMV administrative action regarding a Commercial Requester Account? ☐ Yes ☐ No
      ☐ Provided with Prior Renewal
      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.
2. Has anyone having access to DMV information pursuant to this Application been convicted of any crime for a violent act, stalking, computer fraud, or for unauthorized disclosure, access or distribution of information? ☐ Yes ☐ No
   If yes, attach a separate sheet that includes the name of the person, the specific code violation, conviction date, court, and action taken.

SECTION 6 — RECORD ACCESS METHOD

1. Will information be received via a DMV approved Service Provider? ☐ Yes ☐ No
   If "**Yes**", is the access method on-line? *(Instant response)* ☐ Yes ☐ No
   If "**No**", please provide a mailing address for billing if different than Section 1: _____

SECTION 7 — INFORMATION TYPE AND USE/PURPOSE — *(list each use/purpose separately)*

	For DMV Use Only
1. Type: ☐ VR ☐ DL ☐ OL ☐ FR Residence address: ☐ Yes ☐ No THE ABOVE INFORMATION WILL BE USED FOR THE FOLLOWING PURPOSE	Approved ☐ Yes ☐ No Requester Code _____
2. Type: ☐ VR ☐ DL ☐ OL ☐ FR Residence address: ☐ Yes ☐ No THE ABOVE INFORMATION WILL BE USED FOR THE FOLLOWING PURPOSE	Approved ☐ Yes ☐ No Requester Code _____
3. Type: ☐ VR ☐ DL ☐ OL ☐ FR Residence address: ☐ Yes ☐ No THE ABOVE INFORMATION WILL BE USED FOR THE FOLLOWING PURPOSE	Approved ☐ Yes ☐ No Requester Code _____
4. Type: ☐ VR ☐ DL ☐ OL ☐ FR Residence address: ☐ Yes ☐ No THE ABOVE INFORMATION WILL BE USED FOR THE FOLLOWING PURPOSE	Approved ☐ Yes ☐ No Requester Code _____

SECTION 8 — 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 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	TELEPHONE NUMBER
		( )

SECTION 9 — DMV APPROVAL

SIGNATURE (*DMV REPRESENTATIVE*)	DATE
X	

STATE OF CALIFORNIA

Department of Motor Vehicles

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 Management Unit
MS-H221, P.O. Box 944231
Sacramento, CA 94244-2310