



Driving Under the Influence Internet Program Forms System

INTERNET SECURITY AGREEMENT CERTIFICATION

PROGRAM PROVIDER REPRESENTATIVE

SECTION I

PROVIDER REPRESENTATIVE NAME	PROVIDER REPRESENTATIVE E-MAIL ADDRESS	PROVIDER REPRESENTATIVE TELEPHONE NUMBER ()	
REPRESENTATIVE ADP LICENSE NUMBER	PROVIDER LEGAL NAME		
PROVIDER BUSINESS NAME			
PROGRAM DIRECTOR NAME			
PROVIDER BUSINESS LOCATION	CITY	STATE CA	ZIP CODE
PROVIDER BUSINESS TELEPHONE NUMBER ()	PROVIDER E-MAIL ADDRESS		

SECTION II

By signing this form, I acknowledge that I have read, understand and agree to its contents and realize the penalties for non-compliance with its terms.

The California Department of Motor Vehicles collects information from the Driving Under the Influence Program Providers, and is responsible for processing the information in order to take the appropriate driver license eligibility action. The information processed is from the three Driving Under the Influence forms submitted to the Department of Motor Vehicles by the Providers. These three forms are the Proof of Enrollment Certificate (DL 107), Notice of Completion Certificate (DL 101), and Notice of Non-Compliance (DL 101A). The Department of Motor Vehicles is committed to protecting this information from unauthorized access, use or disclosure. The following policies have been adopted to address the responsibilities for handling and protecting the information. I understand the following are my responsibilities as a user of the Driving Under the Influence Internet Program Forms System in the Provider Representative role:

User Responsibilities:

1. As an employee of the Provider, I may access information only when necessary to complete transactions on behalf of the Provider, referenced in Section I of this Certification.
2. To complete the Driving Under the Influence Internet Program Forms System online instruction or classroom training prior to using the system.
3. To change my initial password, conforming to the following password standards, when logging onto the system for the first time:
 - a. Password must contain at least eight characters, but not more than 20 characters.
 - b. Password must contain at least five alpha characters, and at least one numeric character.
4. To change my password when notified the password will expire. (Password will expire every 60 days.)
5. To contact my Administrator if I forget my password, allow it to expire, attempt unsuccessfully to logon three consecutive times, or password was disabled due to inactivity for 90 days.
6. To keep my password and user name confidential by taking precautionary measures to maintain the secrecy of the password and user name. Reasonable precautions include, but are not limited to the following:
 - a. Not sharing or allowing others to view my password or user name.
 - b. Never writing down or displaying my password or user name in plain text.
 - c. Securing my personal computer with a password or locking device when it is unattended while logged onto the Department of Motor Vehicles Driving Under the Influence Internet Program Forms System.
 - d. Reporting any suspicious circumstances or unauthorized individuals observed in work area to my Administrator.
7. To report suspicious activity to the Department of Motor Vehicles.

8. To notify my Administrator when the user name and password should be disabled because my official duties no longer require access to the Department of Motor Vehicles Driving Under the Influence Internet Program Forms System, or due to separation from the position with the Provider, referenced in Section I.
9. To transmit and query information only when relevant and necessary in the ordinary course of performing my official duties.
10. To disclose Department of Motor Vehicles Driving Under the Influence Internet Program Forms information to individuals only when relevant and necessary in the ordinary course of performing my official duties.
11. To contact my Provider Administrator when I have questions regarding the Driving Under the Influence Internet Programs Forms System.

I have read and understand the security procedures stated above. I acknowledge and agree to utilize the Driving Under the Influence Internet Program Forms System in accordance with the terms outlined in this Internet Security Agreement Certification. I understand that failure to comply with these procedures may result in disciplinary action in accordance with applicable laws and regulations or civil and criminal prosecution in accordance with applicable statutes. I further understand that I can undergo disciplinary action from the Provider, referenced in Section I of this Certification, up to and including termination of employment.

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

EXECUTED AT: CITY		COUNTY	STATE
DATE	SIGNATURE OF PROVIDER REPRESENTATIVE		
	X		
DATE	SIGNATURE OF PROGRAM DIRECTOR		
	X		

The original Certification must be kept on file at the Program Provider worksite and made available upon request to the Department of Motor Vehicles, Audit Staff.