INTERNET SECURITY AGREEMENT CERTIFICATION
PROGRAM PROVIDER ADMINISTRATOR

SECTION I

PROVIDER ADMINISTRATOR NAME	PROVIDER ADMINISTRATOR E-MAIL ADDRESS	PROVIDER ADMINISTRATOR TELEPHONE NUMBER ( )

PROVIDER 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 noncompliance 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 Administrator 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. All user accounts must have expiring passwords.
    b. Passwords must be at least 8 characters in length.
    c. The password contains characters from at least three of the following four categories:
        i) English uppercase characters (A - Z)
        ii) English lowercase characters (a - z)
        iii) Base 10 digits (0 - 9)
        iv) Non-alphanumeric (For example: !, $, #, or %)
    d. The password does not contain three or more characters from the user's account name.
4. To change my password when notified that the password will expire. (Password will expire every 45 days.)
5. To contact the DMV 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. 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 Program Director.

7. To notify the DMV 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.

8. To transmit and query information (submitted by your Program, only) when relevant and necessary in the ordinary course of performing my official duties.

9. 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.

Responsibilities Specific to the Provider Administrator Role:

1. To restrict the access to the Department of Motor Vehicles Driving Under the Influence Internet Program Forms System to only two Representatives per ADP (Alcohol and Drug Programs) Provider License.

2. To provide security procedures as outlined in Section II, User Responsibilities, to each new Representative.

3. To provide the Program Provider Representative Internet Security Agreement Certification (DL 946 (NEW 8/2005)) to the Representative for his/her review and signature. Retain a copy of the signed document and make it available upon request to the Department of Motor Vehicles, Audit Staff.

4. To make available the Driving Under the Influence Internet Program Forms System online training or facilitate a classroom training session with the Representative(s).

5. To ensure each Representative has participated in a training session prior to using the Driving Under the Influence Internet Program Forms System.

6. To create a unique user name, which is representative of your Program, for each Representative who is authorized to use the Driving Under the Influence Internet Program Forms System. The following rules apply: a. User name must be an e-mail address that is no longer than 30 characters.

7. To provide each Representative a user name by e-mail or in person.

8. To provide an initial password to each Representative in person or by telephone.

9. To instruct each Representative to change the initial password to his/her own password when logging on for the first time.

10. To reset a Representative's password for the following conditions: Representative forgets his/her password, allows his/her password to expire, attempts unsuccessfully to logon three consecutive times, or hasn't logged on for 90 days.

11. To change account status to disabled when a Representative is no longer allowed to use the Driving Under the Influence Internet Program Forms System.

12. To monitor each Representative to ensure precautionary measures are being utilized for keeping his/her password and user name private.

13. To disable a Representative's user account when his/her official duties no longer require access to the Department of Motor Vehicles Driving Under the Influence Internet Program Forms System, or the Representative is separating from the position with the Provider, referenced in Section I.

14. To disable the user account status of a Representative, if the Representative has not complied with the security procedures as outlined in the Program Provider Representative Internet Security Agreement Certification.

15. To monitor and report suspicious activity to the Department of Motor Vehicles.

16. To provide help to the Representative(s) when questions arise about the Driving Under the Influence Internet Program Forms System.

17. To contact the Department of Motor Vehicles Help Desk, Monday – Friday, 8:00 a.m.- 5:00 p.m., when additional assistance is needed in responding to questions from the Representative(s).

18. To restrict the contact with the Department of Motor Vehicles Help Desk to the Provider Administrator.

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 DESIGNATED PROVIDER ADMINISTRATOR
	X

DATE	SIGNATURE OF PROGRAM DIRECTOR
	X

Instructions to Program Director: *Mail DMV original form to:*
DMV Staff Services Branch,   MS H222
P. O. Box 932345, Sacramento, CA 94232-3450