



# COMMERCIAL REQUESTER ACCOUNT INSTRUCTIONS/APPLICATION

*A Public Service Agency*

*Disclaimer*

*The information collected on the attached forms is public record  
and open to inspection by the public, unless prohibited by statute.*

**INSTRUCTIONS FOR COMPLETING THE  
COMMERCIAL REQUESTER ACCOUNT APPLICATION (INF 1106)**

**IMPORTANT**

**KEEP A COPY OF ALL FORMS FOR YOUR RECORDS PRIOR TO SUBMITTING  
THEM TO THE DMV. COPIES OF FORMS WILL NOT BE RETURNED.**

**ACCOUNT NUMBER:**

On all existing accounts and/or renewals, indicate the “account number” issued by the DMV. On new applications, the account number will be entered by the DMV technician and included on your approval letter. (Note: The “account number” was formerly referred to as the “Agreement Number”)

**ORIGINAL APPLICATION:**

All sections must be complete or the application will be returned unprocessed. Original/Renewal applications must include the appropriate fees as indicated below:

**ORIGINAL/RENEWAL FEES:**

- Accounts not receiving residence address ..... \$50
- Accounts receiving residence address ..... \$250

**NOTE: Accounts receiving residence address will be required to post a \$50,000 surety bond (INF 1132). Do not submit the bond until you have been notified that you have been approved for residence address access.**

**CHANGE(S) TO AN EXISTING ACCOUNT:**

List all requester codes currently issued to your business. Section A must be completed in its entirety then only those changes in the other sections necessary to show the changes you are making to your account. Attach a separate sheet of paper, if necessary.

**RENEWAL:**

All Sections must be complete or renewal application will be returned unprocessed. Renewal Fees as indicated above must accompany renewal application.

**SECTION A: BUSINESS INFORMATION**

**EACH ITEM MUST BE COMPLETE OR IF NOT APPLICABLE, STATE “N/A”:**

1. **Business Name** – True full name of Sole Owner/Proprietor, Partnership, Limited Liability Partnership (LLP), Limited Partnership (LP), Limited Liability Company (LLC), Corporation, or Other Commercial Enterprise.  
**Note: Only one (1) business entity per application.**
2. **Daytime Phone** –Provide the daytime telephone number of the business.
3. **DBA - Doing Business As (Fictitious Business Name)** – The fictitious business name under which the applicant will be doing business.

**IMPORTANT NOTE**

Your account will be maintained under the “DBA”. If no DBA is given, the account will be maintained under the “Business Name”. When contacting the department regarding your account, please reference your requester code or DBA.

4. **Internet Website Address** - Provide your Internet Website Address or “None”, if applicable.
5. **Fax Number** – Provide the fax number of the business or “None”, if applicable.
6. **Contact Person** – Provide the name/title of the person who will be responsible for this account and whom DMV should contact in the event of questions or problems.
7. **E-Mail Address** - Provide the e-mail address of the contact person or “None”, if applicable.
8. **Daytime Phone** –Provide the daytime phone number of the contact person.
9. **Street Address** –Provide the physical location, i.e., the address, city, and state, where the business is located.
10. **Mailing Address** – Provide the mailing address where you want information mailed if different from item #9 above. If mailing address is the same as street address/physical location, indicate “Same”.

## SECTION B: BUSINESS IDENTIFICATION

1. **Federal Employer ID Number (FEIN) or State Tax ID#:** List your Federal Employer Identification Number. A number can be assigned to you by contacting the IRS at (800) 829-1040. If you are a sole proprietor, this may be the same as your Social Security Number (SSN).  
**Note:** SSN information collected will be used strictly for collection purposes and will not be released outside of the Department.
2. **Corporation Identification Number/State of Issuance:** List your corporation number and the state in which it was issued.  
**Note:** If your corporation is not located in California and your state does not issue corporation numbers, you must list the state in which you are incorporated and state “No Corp. # issued”. All corporations must be active and in good standing.
  - **Limited Liability Co ID Number/State of Issuance** – If your state law permits establishment of a LLC, you must include the LLC ID# and identify the state of issuance.
  - **Partnership (LLP, LP) Identification Number/State of Issuance** – If your state does not issue a partnership ID number, you must list the state in which your partnership is registered.
3. **Other (Identify):** If none of the above is applicable, identify your business category.

## SECTION C: BUSINESS TYPE

Check the type of business in which you are involved. If none of the business types are applicable, check “Other” and identify your business type.

**Note:** Please check only **one (1)** business type per application.

## SECTION D: PROFESSIONAL/OCCUPATIONAL LICENSE INFORMATION:

If the type of business identified in Section C is such that it requires the applicant to be licensed by a state or federal agency in order to engage in such business, please provide the name of the agency issuing such license, the license number assigned the applicant and the expiration date of the license.

**Example,** if the application is made on behalf of an Attorney/Law Office, identify the state bar of which an attorney representative is a member, including bar license number and expiration date.

**Note:** License information may be verified and any inconsistencies in this information provided by the applicant with that of the licensing agency may result in delays in receiving an account, or denial of the application. **If you are licensed in a state other than California, attach a copy of your professional/occupational license to the application.**

## SECTION E: COMMERCIAL REQUESTER ACCOUNT HISTORY/USE:

- Question 1. (a) – If you answered “Yes”, please provide the business/or DBA name, the agreement/account number, or requester code number. If you do not know the agreement/account number or the requester code number, please enter “unknown” in the appropriate space.
- (b): If you answered “Yes”, please attach a separate sheet explaining the incident that occurred, the date of the incident, the person involved and the type of action taken by the department.
- Question 2. If you answered “Yes” please provide a detailed explanation that includes the name of the person involved, the specific code section violated, the conviction date, the name of the court and the action taken.
- Question 3 a/b- Mark the appropriate box to let us know if you will be using the information for your own business purpose or to perform a legitimate business service on behalf of another.

## SECTION F: RECORD ACCESS METHODS

Applicants can purchase information either directly from DMV or from an approved Commercial Requester Account (CRA) Service Provider/Vendor that is authorized by DMV to provide access to departmental records through a pass through/reformat process. To obtain a list of authorized Commercial Requester Account Service Providers/Vendors contact the:

Accounts Processing Unit  
PO Box 944231- MS H221  
Sacramento, CA 94244  
(916) 657-5564.

**Note:** You will only receive a billing invoice if you purchase information directly from the department. If you use the services of a CRA Service Provider/Vendor, they will bill you.

1. Check “Yes” if you will be purchasing DMV information through an approved CRA Service Provider/Vendor. If you check “yes” please identify if you will be accessing information on-line (that is, receiving an instantaneous response) from the service provider/vendor. If you are unsure, check with your service provider/vendor.  
Check “No” if you will be purchasing DMV information directly from the department. (See question #2).  
Billing Address – If you check “No” on question #1 signifying that you will be purchasing information directly from the DMV and the address you want your invoices mailed to is different from the Mailing Address supplies in Section A, indicate the billing address here or, if same, so state.  
Upon approval you will receive the guide “Requesting Information from DMV” that will provide you with information on other processes available for requesting departmental records.
2. If you would like to access information directly from DMV by any of the following electronic methods mark the appropriate box:
  - Cartridge Tape (IBM compatible, 3480 non-compressed or 3490 compressed, optional)
  - File Transfer Protocol via Virtual Private Network

**Note:** Please contact the Electronic Access Administration Unit at (916) 657-5582 for more information on these access methods.

## SECTION G: PERMISSIBLE USE(S)/PURPOSE

**Identify Proposed Use :** Use the space provided to explain your purpose(s) for requesting DMV records using separate sections where necessary.

**Note:** Refer to “**Permissible Use(s)**” below for assistance/guidelines.

**Type:**  VR  DL  OL  FR Mark the appropriate box(es) for the type of information being requested.

**VR** - A vehicle/vessel registration (VR) record contains information relating to the registration of a vehicle or vessel.

**DL** - A driver license/identification card (DL/ID) record contains information obtained from an individual’s DL/ID application, abstracts of convictions, and accidents.

**OL** – Information regarding an Occupational Licensee (i.e., vehicles salesperson, dealer, registration service, etc.)

**FR** – Marking the box for FR information only allows the department to bill your requester account for the information. For obtaining the financial responsibility information you **MUST** submit form SR19 to the Financial Responsibility Unit. Contact the Financial Responsibility Unit at (916) 657-6677 for copies of the appropriate form.

### “Permissible Use(s)”

Federal legislation, the Driver’s Privacy Protection Act (DPPA), Title 18, United States Code, Sections 2721-2725, makes confidential any information contained in a motor vehicle record unless the information is requested and used for a “permissible use.” A “permissible use” includes the following:

- **GOVERNMENT/LAW ENFORCEMENT AGENT** - For use by any private person or entity acting on behalf of a Federal, State, or local agency in carrying out the functions of the government/law enforcement entity.
- **MOTOR VEHICLE OR DRIVERS SAFETY AND THEFT** - For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- **LEGITIMATE BUSINESS FOR PURPOSES OF PREVENTING FRAUD** - For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and if information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
- **CIVIL, CRIMINAL, ADMINISTRATIVE OR ARBITRAL PROCESSING** - For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.
- **RESEARCH AND STATISTICAL REPORTS** - For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals.
- **INSURANCE PURPOSES** - For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, anti-fraud activities, rating or underwriting.

- **TOWED OR IMPOUNDED VEHICLES** - For use in providing notice to the owners of towed or impounded vehicles.
- **PRIVATE INVESTIGATOR/SECURITY SERVICE** - For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section.

Private Investigator/Security Service **MUST** also include the other purpose permitted under this section. Example: Private Investigator for Insurance Claims investigation.

- **ANY OTHER USE SPECIFICALLY AUTHORIZED UNDER CALIFORNIA LAW** - For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety. (Include state law, identified by code name and section number, which requires or permits use.) Example: “Service of Summons pursuant to California Code of Procedure Section 415 et al.” or “News Gathering and Reporting pursuant to California Vehicle Code Section 1808”.

**Residence Address Requested:**  Yes  No

If “**Yes**” - Section 1808.21 of the Vehicle Code states that all residence address information within the department’s files is confidential, to be released only to a court, law enforcement agency, or other government entity. Exceptions to the confidentiality statute are also provided for various commercial entities (i.e., Insurance companies and financial institutions). If you are requesting access to confidential residence address information, you **MUST** provide the statute by code name and number that authorizes you to receive that information. Following is a list of previously approved statutes authorizing access to residence address information, however, it is the requester’s ultimate responsibility to read and ensure that they are authorized under the identified statute.

Statutes that have been previously approved as authorizing access to residence address information includes, but may not be limited to,:

- California Vehicle Code (CVC) Sections 1808.21 et al., 1808.22 et al., 1808.23 et al., 1808.25, 4465, 22851.8, 22658
- California Civil Code Sections 3067 – 3075, inclusive
- Harbors/Navigation Code Sections 500-509, inclusive

All requesters of residence address information **MUST** provide a specific state or federal statute requiring the department to provide such information. Each statute will be reviewed prior to approval.

**Note:** Residence address requested, must provide authorizing statute

**EXAMPLE OF IDENTIFIED PURPOSES**

**Note:** Residence address requested, must provide authorizing statute

**1. IDENTIFY PROPOSED USE**

Represent client in civil or criminal processes. Address authority CA Vehicle Code § 1808.22(c).

Type:  VR  DL  OL  FR      Residence address requested:  Yes  No

**2. IDENTIFY PROPOSED USE**

Promote driver safety by monitoring the driving record of employees who drive during the course of employment.

Type:  VR  DL  OL  FR      Residence address requested:  Yes  No

## SECTION H: ACKNOWLEDGEMENT AND CERTIFICATION STATEMENT

The person signing the application *must* be an authorized representative of the business and agrees to all conditions set forth in the Commercial Requester Account Terms and Conditions.

## SECTION I: DMV APPROVAL

Once the application is approved, an approval letter will be mailed to you with the requester code(s) that have been assigned to your business identifying the permissible use/purpose(s) that have been approved including whether residence address access is authorized. Your account will be activated immediately, however, residence address information will not be released until your Commercial Requester Account Surety Bond (INF 1132) is received and approved by DMV.

**REMEMBER:** You are advised to make a copy of your application for your records as the DMV **WILL NOT** be returning a copy with your approval.

## ADDITIONAL FORMS/CHECKLIST

- INF 1106      *Commercial Requester Account Application* - See previous instructions. **Completed form INF 1106 MUST be submitted to DMV.**
- INF 1230      *Commercial Requester Account Terms and Conditions* - By signing Commercial Requester Account Application (INF 1106), account holder agrees to comply with all terms and conditions contained therein. **Completed form INF 1230 MUST be submitted to DMV.**
- INF 1106BL    Branch Location Requester Code (s) Application – See instructions on reverse of form. **Complete and submit with completed application only if you are requesting additional requester code(s) for branch locations.**
- INF 1128      Information Security Statement – to be completed upon presentation and re-certified annually by any individual having direct or incidental access to DMV record information. **Completed forms INF 1128 are to be maintained at the account holder’s worksite along with a list of authorized individuals and MUST be made available to DMV audit staff upon request.**
- INF 1184      Certification of Agency – to be completed by a Dealer Agent who will be requesting residence address information in order to process vehicle registration transactions/documents for a vehicle dealer or Manufacturer Agent processing recall advisories for a vehicle manufacturer. Each licensed dealer or manufacturer for whom you will be processing work **MUST** sign a form. **Completed INF 1184 forms are to be submitted to DMV.**
- INF 1132      Commercial Requester Account Bond – to be completed upon approval by DMV for access to confidential residence address information. **DO NOT COMPLETE UNTIL DMV TECHNICIAN NOTIFIES YOU THAT YOU HAVE BEEN APPROVED FOR RESIDENCE ADDRESS.**
- DON’T FORGET TO SEND THE APPROPRIATE FEE!**

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**REMEMBER:** You are advised to make a copy of your application for your records as the DMV **WILL NOT** be returning a copy with your approval.

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Additional forms are available on the DMV website at [www.dmv.ca.gov](http://www.dmv.ca.gov), go to “Other Services”, then click on “Commercial Requester Accounts”.



Information Services Branch
COMMERCIAL REQUESTER ACCOUNT APPLICATION

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

DMV USE ONLY table with columns: CHECK/M.O. # AMOUNT, CHECK/M.O., 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, AND 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 declare under penalty of perjury under 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**

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.**

**Information Services Branch**  
**COMMERCIAL REQUESTER ACCOUNT**  
**TERMS AND CONDITIONS**

Department of Motor Vehicles (DMV) reserves the right to modify the following terms and conditions at will.

**A. GENERAL**

By applying for a Commercial Requester Account to access DMV information, you, the “Requester” agree to the following:

1. The term of the Commercial Requester Account shall be for two years from date of approval and may be renewed biennially or extended by the department.
2. Requester shall not sell or transfer ownership of a vehicle or vessel if the information received from the files of the DMV indicates a Department of Justice stop (“DOJ STOP”). Requester shall notify the local police regarding the vehicle or vessel whenever the location of the vehicle or vessel is known.
3. Requester agrees to defend, indemnify and hold harmless the DMV and its officers, agents and employees from any and all claims, actions, damages or losses which may be brought or alleged against the DMV, its officers, agents or employees by reason of the negligent, improper, or unauthorized use or dissemination by the Requester or its officers, agents, or employees, of information furnished to the Requester by the DMV or by reason of inaccurate information furnished to the Requester by the DMV unless the Requester can show that the DMV was originally furnished accurate information from the reporting source.
4. Requester shall not represent itself as an agent or employee of the DMV. Requester shall not use any DMV trade mark or service mark, indicia or any substantial similarity thereto or acronym in a manner likely to cause confusion that Requester’s services are associated with or are that of the DMV.
5. Requester and its designees shall use DMV information for purpose(s) for which it requests an account and is approved by the DMV. Any other use(s) is strictly prohibited and will subject the Requester and its designees to termination of account as well as civil and criminal penalties.
6. Requester shall notify DMV in writing within ten (10) days of any changes including but not limited to address, telephone number, contact person, closure or sale of business.
7. Commercial Requester Account and attendant Requester code(s) are personal to the Requester and no rights or responsibilities under this agreement are assignable by Requester.
8. Resale of DMV information is prohibited. Requester shall not store, combine or link department information with any database for resale or for any business purpose(s) not specified on the application for a Commercial Requester Account approved by the DMV. Continued storage of information is permissible to comply with federal or state record retention requirements.
9. Requester’s access to DMV information may be modified and/or terminated
  - immediately with cause
  - without cause upon 30 days notice by either party

## **B. SECURITY**

1. Requester shall comply with all DMV security requirements relating to its Commercial Requester Account. Requester understands that the DMV reserves the right to amend or enhance its requirements and continuance of a Commercial Requester Account is contingent upon Requester's compliance with the updated criteria. Security requirements are available at [www.dmv.ca.gov](http://www.dmv.ca.gov) (click on "Other Services"). It is the responsibility of the account holder to periodically review this website, but no less than once every 6 months, for any future updates or enhancements to the security requirements. Requester affirms that it has, or has access to, the internet that will allow them to view the website for current and updated security requirements.
2. Requester shall be responsible for safeguarding the information received and shall restrict access to this information to its employees, agents or parties with whom it contracts. Requester agrees to be held responsible for any misuse of the information by its employees, agents or parties to whom the information was entrusted.

## **C. RESIDENCE ADDRESS**

If receiving residence address information, the Requester shall secure a surety bond in the amount of \$50,000 and is subject to the provisions of California Code of Regulations (CCR) §350.24.

## **D. FEES**

1. Requesters receiving information directly from the DMV shall be charged a fee pursuant to CCR §350.44 and shall be billed monthly for information received.
2. The amount listed on the invoice is due and payable upon receipt. Failure to remit the appropriate payment could result in termination of your requester privileges and may include a referral to a collection agency.

## **E. DISPUTES**

1. Requester may withhold payment of any disputed charges. A "charge" is not disputed until Requester provides the DMV a written explanation of the disputed charge within 30 days of invoice date. If the DMV determines the charges are valid, the Requester will be notified and shall pay all such charges within (10) ten days.
2. Requester consents to jurisdiction of California courts and the Requester agrees to Sacramento County, California as the forum selected for judicial review of its rights relating to its account under these terms and conditions. Any disputes regarding the Requester's account shall be adjudicated pursuant to the laws of the State of California.
3. The person authorized to complete and sign the application on behalf of the Requester may be held personally responsible to the DMV for any debts and obligations arising under this agreement.

## **F. INSPECTION OF RECORDS**

1. Requester shall keep its records required pursuant to CCR §350.18(b) (4) and CCR §350.48 at the business address provided to the DMV.
2. Requester's place of business shall be available for an electronic or manual audit (of records required to be retained) immediately upon request from the DMV or the DMV's representative.
3. Requester understands that failure to respond timely to an audit report with findings, may result in inactivation/cancellation of the Requester code.



## COMMERCIAL REQUESTER ACCOUNT BRANCH LOCATION REQUESTOR CODE(S) APPLICATION

**See Instructions on Reverse**

Billing Address: Check **one** box only     Main Office     Branch Location

**SECTION A: Main Office**

NAME OF BUSINESS	REQUESTER CODE(S) (IF ISSUED)	ACCOUNT NUMBER (IF ISSUED)
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**SECTION B: Branch Locations**

CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS <input type="checkbox"/> Same as Main Office <input type="checkbox"/> Basic record only	<b>DMV USE ONLY</b> <b>Requester Code(s)</b>
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CONTACT PERSON NAME/TITLE (INDIVIDUAL RESPONSIBLE FOR ACCESS)	E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER (    )
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STREET ADDRESS (PHYSICAL LOCATION REQUIRED)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)	CITY	STATE	ZIP CODE
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RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET	CITY	STATE	ZIP CODE
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CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS <input type="checkbox"/> Same as Main Office <input type="checkbox"/> Basic record only	<b>DMV USE ONLY</b> <b>Requester Code(s)</b>
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CONTACT PERSON/TITLE (INDIVIDUAL RESPONSIBLE FOR ACCESS)	E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER (    )
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STREET ADDRESS (PHYSICAL LOCATION REQUIRED)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)	CITY	STATE	ZIP CODE
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RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET	CITY	STATE	ZIP CODE
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CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS <input type="checkbox"/> Same as Main Office <input type="checkbox"/> Basic record only	<b>DMV USE ONLY</b> <b>Requester Code(s)</b>
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CONTACT PERSON/TITLE (INDIVIDUAL RESPONSIBLE FOR ACCESS)	E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER (    )
--	----------------	------------------------------------

STREET ADDRESS (PHYSICAL LOCATION REQUIRED)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)	CITY	STATE	ZIP CODE
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RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET	CITY	STATE	ZIP CODE
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CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS <input type="checkbox"/> Same as Main Office <input type="checkbox"/> Basic record only	<b>DMV USE ONLY</b> <b>Requester Code(s)</b>
--	---	---

CONTACT PERSON/TITLE (INDIVIDUAL RESPONSIBLE FOR ACCESS)	E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER (    )
--	----------------	------------------------------------

STREET ADDRESS (PHYSICAL LOCATION REQUIRED)	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)	CITY	STATE	ZIP CODE
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RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET	CITY	STATE	ZIP CODE
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COMPLETED BY (NAME AND TITLE)	DATE
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**X**

**IMPORTANT**

Information provided on this form is Public Record. Information that is confidential according to statute will be masked prior to release.  
**Applicant must retain a copy of the application for their records.**

# INSTRUCTIONS FOR COMPLETING THE COMMERCIAL REQUESTER ACCOUNT BRANCH LOCATION REQUESTOR CODE(S) APPLICATION

## IMPORTANT

KEEP COPIES OF ALL FORMS FOR YOUR RECORDS PRIOR TO SUBMITTING THEM TO THE DMV.  
COPIES WILL NOT BE RETURNED

### WHAT IS A BRANCH LOCATION?

For purposes of completing this application, a "Branch Location" is defined as "an offshoot, lateral extension, or division of an institution with a separate physical location." In order to be enrolled as a Branch Location, the branch must be operating under the same corporate number or Occupational License as the account holder. If separate corporation numbers or Occupational License numbers are indicated, they must complete an application for a separate Commercial Requester Account (CRA).

### FEE:

There are no additional application fees for branch locations.

### BILLING INFORMATION:

**Main Office or Branch Location Billing Information** – Each branch location will be issued a separate requester code. The monthly billing invoice is automatically mailed to the branch location (when information is received directly from the DMV) unless you indicate that you want the billing invoice mailed to the main office. Check the appropriate box where you want billing invoices mailed.

**Note:** This only applies if information is being purchased directly from the DMV.

### SECTION A

Complete as many copies of form INF 1106BL as needed but be sure to provide the Name of the Business on each form and number them properly (i.e., 1 of 22). In addition, include the Requester Code Number(s) and Account Number(s), if already issued, of the account holder.

### SECTION B

Complete for each branch location as follows:

**Corporation or Occupational License # of Branch** – Provide the Corporation or Occupational License # under which the branch location is operating. Please remember, if the branch location has a separate Corporation or Occupational License, they must complete an application for a separate CRA.

**Requester Code Access** – If the main office and specified branch locations are to have the same type of access, mark "Same as Main Office." If the Main Office is authorized to and is receiving residence address information and the branch locations are to be restricted to basic record information only (i.e., no residence addresses), mark "Basic record only".

**DMV USE ONLY** – Leave Blank.

**Contact Person Name/Title, E-Mail Address, Daytime Phone** – Please provide the name, e-mail address (if applicable) and daytime phone number of the individual who will be responsible for the branch location's access.

**Street Address** – Please provide the physical address of the branch location including number, street, city, state and zip.

**Mailing Address** – Please provide the mailing address of the branch location where you would like DMV information mailed. If same as street address, state "Same".

**Record Storage Address** – Please provide the physical location where records will be maintained for on-site inspection, review or audit by DMV or designated representative.



INFORMATION SERVICES BRANCH
INFORMATION SECURITY STATEMENT

To be completed by any individual having access to DMV record information. Annual re-certification is required. (See reverse)

By signing this form, the undersigned represents that he/she has read and understands the same, agrees to its contents and realizes the penalties for non-compliance to its terms.

The Department of Motor Vehicles (DMV) collects information from the public to administer the various programs for which it has responsibility. DMV is committed to protect this information from unauthorized access, use, or disclosure. The following have been adopted to address commercial and governmental users responsibilities for handling and protecting information obtained from the DMV. I understand the following are my responsibilities:

- 1. I may access information only when necessary to accomplish the responsibilities of my employment. I may not access or use information from the DMV for personal reasons.
2. I may disclose DMV information only to individuals who have been authorized to receive it through the appropriate procedures as regulated by DMV.
3. To keep the requester code and/or password confidential, I must take reasonable precautions to maintain the secrecy of any requester code and/or my password.
4. To promptly notify DMV or a supervisor of any indication of misuse or unauthorized disclosure of information obtained from DMV.

Federal law states:

Any person who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under the Driver's Privacy Protection Act (Title 18 of the United States Code, Section 2721 - 2725), shall be liable to the individual to whom the information pertains, who may bring a civil action in a United States district court.

I certify under penalty of perjury, under the laws of the State of California, that I have read and understand the security policies and regulations stated above. I understand that failure to comply with these policies and regulations may result in disciplinary action in accordance with Section 19572 of the Government Code, federal laws and regulations, and/or civil or criminal prosecution in accordance with applicable statutes. I further understand that I may undergo disciplinary action from my employer up to and including termination from employment.

EXECUTED AT CITY COUNTY STATE ZIP CODE
SIGNATURE DATE
X
PRINTED NAME OF SIGNATORY
COMPANY REPRESENTATIVE

This form must be completed upon presentation and re-certified annually and RETAINED AT THE WORKSITE of the Requester Account Holder with a current list of those authorized direct or incidental record access for the life of the account and for two years following the deactivation or termination of the account. This completed form and list must be made available upon request to DMV audit staff.





**COMMERCIAL REQUESTER ACCOUNT BOND**  
(Vehicle Code section 1810.2)

KNOW ALL PERSONS BY THESE PRESENTS that we, \_\_\_\_\_

whose address for service is \_\_\_\_\_

as PRINCIPAL, and \_\_\_\_\_

a corporation organized under the laws of \_\_\_\_\_ and

authorized to transact a general surety business in the State of California, whose address for service is \_\_\_\_\_

as SURETY, are held and firmly bound to the People of the State of California in the penal sum of fifty thousand dollars (\$50,000), for which payment we bind ourselves, or heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents. The bond term shall begin \_\_\_\_\_.

WHEREAS, the provisions of section 1810.2 of the Vehicle Code, require that the Principal file or have on file with the Department a bond in the sum of \$50,000 and this bond is executed and tendered in accordance therewith.

NOW THEREFORE, the conditions of the foregoing obligation are that if the Principal complies with Article 5, Section 350.24, Division 1, Chapter 1, of Title 13 the California Code of Regulations, then this obligation is to be void; otherwise it is to remain in full force and effect.

PROVIDED HOWEVER, this bond is issued subject to the following express conditions:

1. This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the period for which the account is granted and each and every succeeding period or periods for which said Principal may hold an account, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
2. This bond is executed by the Surety to comply with the provisions of Article 3 (commencing with section 1800) of Chapter 1, Division 2, of the Vehicle Code, Article 5, Section 350.24, Division 1, Chapter 1, of Title 13 the California Code of Regulations, and of chapter 2, title 14, part 2 of the Code of Civil Procedure and said bond shall be subject to all the terms and provisions thereof.
3. The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
4. This bond may be cancelled by the Surety in accordance with the provisions of sections 996.310 et seq. of the Code of Civil Procedure.
5. The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond, the provisions of chapter 2 (commencing with section 995.010) of title 14 of part 2 of the Code of Civil Procedure, Article 5, Section 350.24, Division 1, Chapter 1, of Title 13 the California Code of Regulations, and Article 3 (commencing with section 1800) of Chapter 1, Division 2, of the Vehicle Code.
6. The Principal and Surety may be served with notices, papers and other documents under chapter 2 (commencing with section 995.010) of title 14 of part 2 of the Code of Civil Procedure at the addresses given above.

I certify (or declare) under penalty of perjury, under the laws of the State of California the foregoing is true and correct and that I have executed the foregoing bond on behalf of the surety under an unrevoked power of attorney.

Executed in \_\_\_\_\_

**X**  
\_\_\_\_\_  
Signature of Attorney-in-Fact

On (Date) \_\_\_\_\_

\_\_\_\_\_  
Printed or Typed Name of Attorney-in-Fact

**INSTRUCTIONS  
FOR COMPLETING THE SURETY BOND**

*The surety completes the bond form to validate the bond and meet the department's regulatory requirements*

*Principal Name and any "Doing Business As" DBA Names*

Enter the true, full name of the principal to match the name of the applicant or occupational licensee as presented to the department. The applicant's or account holder's DBA name or names are to be included in addition to the principal's true full name. When the principal is:

- A sole owner; list the true full name of that person and any DBA name(s).
- A partnership; list the true full name of each partner and any DBA name(s).
- A limited liability partnership or limited liability company; list the true full name of the limited liability partnership or company and any DBA name(s).
- A corporation; list the true full name of the corporation and any DBA name(s) as filed with and the registration number assigned by the California Secretary of State.
- An association; list the true full name of the association and any DBA name(s).

A surety bond is only valid when it is issued to the true full name of the person(s) or entity applying for the account. When the name of the principal is the same as the DBA's name, only list the principal's name.

*Address of Principal*

The address where legal documents may be served on the principal.

*Name of Surety*

Enter the true full name as filed with the Department of Insurance. A surety issuing the bond must be an admitted surety insurer authorized to transact business in California.

*A corporation under the laws of...*

Enter the state or country where the surety company's incorporation documents are filed.

*Address of Surety*

The address where legal documents may be served on the surety.

*Bond Effective Date*

Enter the month, day and year.

*Executed in*

Enter the city and county where the bond is signed.

*On (date)*

Enter the month, date and year when the bond is signed.

*Signature of Attorney-in-Fact*

Enter the true full name of the person who represents and authorized to sign for the surety company.

*Printed or Typed Name of Attorney-in-Fact*

Enter the true full name of the person signing on behalf of the surety company.



## INFORMATION SERVICES CERTIFICATION OF AGENCY

**PLEASE CHECK THE APPROPRIATE BOX BELOW:**

- My business is a vehicle dealership licensed to do business in the state of California.
- My business is a vehicle manufacturer licensed to do business in the state of California.

**PLEASE PRINT THE FOLLOWING INFORMATION REGARDING YOUR OWN BUSINESS:**

NAME			
ADDRESS	STREET	CITY	STATE
ZIP CODE			
DEALER/MANUFACTURER LICENSE NUMBER	DAYTIME TELEPHONE NUMBER		
(       )			

I hereby certify, under penalty of perjury, that the party specified below is authorized to act as my agent for the purpose of obtaining information from the Department of Motor Vehicles pursuant to Vehicle Code Section 1808.23.

In making this authorization, I agree to:

Hold the Department harmless from any monetary loss to the Department by reason of the use of information obtained from the Department by this agent; **and**

Pay to the Department, its officers, and any other person(s) all civil damages occasioned to the Department or such persons by reason of the following acts or omissions by this agent:

- (a) obtaining information from the Department by means of false or misleading representations, **or**
- (b) selling, giving, or otherwise furnishing any information obtained from Department records to any third party not specifically authorized and approved by the Department.

**PLEASE PRINT THE FOLLOWING INFORMATION REGARDING THE AGENT YOU ARE AUTHORIZING**

NAME			
ADDRESS	STREET	CITY	STATE
ZIP CODE			
DRIVER LICENSE NUMBER	TELEPHONE NUMBER		
(       )			

I certify, under penalty of perjury, that the foregoing is true and correct.

EXECUTED AT	CITY	COUNTY	STATE
DATE	SIGNATURE OF DEALER OR MANUFACTURER		
<b>X</b>			

