



INSTRUCTIONS: This application must be completed and approved before an applicant can obtain restricted information. Only applicants who meet the criteria outlined in Section B are eligible to obtain restricted information and/or a security access code.

SECTION A. REQUESTER INFORMATION (THIS SECTION MUST BE COMPLETED BY ALL.)

NAME OF INDIVIDUAL (LAST NAME, FIRST NAME, MIDDLE INITIAL), PARTNERSHIP OR CORPORATION		OFFICE USE ONLY	
		SECURITY CODE ASSIGNED _____	
REQUESTER NAME (FIRM OR TRADE)		TELEPHONE NUMBER	
ACCOUNT CONTACT PERSON		TELEPHONE NUMBER	
STREET ADDRESS (PHYSICAL LOCATION)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
DESCRIBE THE PRIMARY FUNCTION OF YOUR BUSINESS			
DESCRIBE HOW THE RECORD/PERSONAL INFORMATION ACCESS WILL BE USED			

SECTION B. AUTHORIZATION (THIS SECTION MUST BE COMPLETED BY ALL.)

I/We hereby certify that I/we are requesting Missouri vehicle and/or driver license records or information under the provisions of the Federal Driver's Privacy Protection Act (DPPA) and Missouri law. **Please review and carefully check all boxes that apply to your request to obtain personal information on a restricted record.** Requester is seeking information:

- (01) As a government agency (federal, state, or local) or employed by such.
- (02) As a court or employed by such.
- (03) As a law enforcement agency or employed by such.
- (04) 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.
- (05) For use as a legitimate business in verifying accuracy of the personal information and/or to obtain correct information but only for purposes of preventing fraud, pursuing legal remedies, or collecting a debt.
- (06) 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.
- (07) For use in research activities, and producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
- (08) As an insurer, insurance support organization, or self-insured entity for use in connection with claims investigation activities, antifraud activities, or rating or underwriting.
- (09) For use in providing notice to the owners of towed or impounded vehicles.
- (10) As a representative or owner of a licensed private investigative agency or licensed security service.
- (11) For use as an employer, its agent or insurer in obtaining vehicle/driver record information relating to a holder of a commercial driver license (CDL).
- (12) As a representative or owner of a private toll transportation facility for use in operation of the facility.
- (13) And is authorized under the law of the state that holds the record to request and obtain the vehicle/driving record if the vehicle/driving record will be used in relationship to the operation of the motor vehicle or public safety.
- (14) To disseminate information to the public in a newspaper, book, magazine, broadcast, or similar form of public communication, when such dissemination is related to the operation of a motor vehicle or to public safety.

PREVIOUS ACCESS

1. Have you, your partners, any corporate officer, or the business previously applied for, had, or have a Missouri Security Access Code for the purpose of obtaining restricted records? Yes No If yes, indicate the current/prior Security Access number/requester code(s).
Security Access Number(s) _____
2. Do you currently have an account number to obtain vehicle or driving records? Yes No If yes, record the account number(s).
Motor Vehicle Bureau _____ Driver License Bureau _____
Information Systems Division _____

GENERAL SECURITY REQUIREMENTS

1. Requester shall maintain the security and integrity of the information received. A violation of any provisions of this agreement, whether by omission or commission, shall be grounds for action by the Department and may result in suspension of the security access code.
2. Requester shall ensure compliance with all security provisions of this agreement. If fraud or abuse is suspected or confirmed, the requester shall immediately notify the Department by telephone at (573) 751-2633. A written notification containing all facts therein shall be prepared by the requester within three business days and mailed to the Department at the following address: MISSOURI DEPARTMENT OF REVENUE, GENERAL COUNSEL, PO BOX 475, JEFFERSON CITY, MO 65105-0475.
3. Requester shall maintain a current list of persons and entities authorized to access Department records. This list shall be available to the Department upon demand.
4. Each Department approved requester that resells or discloses personal information covered by the DPPA must keep, for a period of five years, records identifying each person or entity that receives such information and the permitted purpose for which the information will be used and must make such records available to the Department upon request.
5. Each Department approved requester that resells or rediscloses personal information must ensure that the receivers of the requested records are authorized under the DPPA and the receivers understand their responsibilities under DPPA.
6. Requester shall not disclose its Department assigned security access code verbally, in writing, or when passing data electronically to anyone other than a Department representative or an authorized individual who is in the direct employ of the requester.
7. Requesters shall not sell, retain, distribute, provide, or transfer any record information or portion of the record information acquired under this agreement except as authorized by the Department and the DPPA.

STATEMENT OF UNDERSTANDING, CERTIFICATION SIGNATURE(S)

Instructions: Please read the statement of understanding and check the appropriate block and sign.

I understand that false or misleading answers are cause for denial of an application and/or termination of any access request. I authorize the Director of Revenue, or the Director's designee, to investigate any matter or statement contained in this request.

I understand that if this request is approved, I will be required to conform to the statements presented within. I further understand that I will be required to sign a statement which is a part of this request. This request specifies the terms and conditions of our relationship. Any deviations will be considered by the Department of Revenue as misuse, and may result in both suspension of the security access code and refusal of subsequent requests.

I understand that according to provisions of the Missouri Revised Statutes and the Federal Driver's Privacy Protection Act, any person holding a security access code who directly or indirectly obtains information from the Department of Revenue using false representations or distributes restricted or confidential information to any person or uses the information for a reason not authorized or specified in this request is liable, subject to penalty, and shall be denied a security access code.

Check one: Individual Partnership Corporation News Agent

I certify under penalty of perjury that: 1) all information on this application has been read and understood; 2) all information completed on this application is true and correct; and 3) the willful and unauthorized disclosure of information obtained from any Department record may result in penalties imposed under Title 18 U.S.C. Section 2724, Section 575.050, and Section 575.060, RSMo.

SIGNATURE(S) OF INDIVIDUAL, PARTNERS (ALL REQUIRED), AUTHORIZED CORPORATE OFFICER, OR NEWS AGENT

TITLE OF CORPORATE OFFICER OR NEWS AGENT (MUST COMPLETE)

DATE

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSEER OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		