



DEPARTMENT OF MOTOR VEHICLES
COMMERCIAL REQUESTER ACCOUNT
APPLICATION

Account _____

DMV USE ONLY table with columns: 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, STATE OF ISSUANCE, Number: 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 of 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)

X

DATE

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**