STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

ENROLLMENT APPLICATION
TVS/COURT PRIMARY ADMINISTRATOR
TRAFFIC VIOLATOR COURSE COMPLETION DATABASE

INSTRUCTIONS:

- Print clearly in blue or black ink or type.
- Keep a copy of this document for Traffic Violator School records.
- This form must be completed in its entirety or it will be returned to you.
- Mail to: Department of Motor Vehicles, P.O. Box 932345, MS J152, Sacramento, CA 94232-3450.

SECTION A — TVS OR COURT PRIMARY ADMINISTRATOR CONTACT INFORMATION   *Type or Print.*

ADMINISTRATOR'S TRUE FULL NAME *(LAST, FIRST, MIDDLE)*

TVS BUSINESS NAME OR COURT NAME   TVS LICENSE OR COURT ID NUMBER

TVS OR COURT MAILING ADDRESS   CITY   STATE   ZIP CODE

ADMINISTRATOR'S EMAIL ADDRESS   BUSINESS TELEPHONE NO.
                                                          (   )

SECTION B — PRIMARY ADMINISTRATOR RESPONSIBILITIES

As the primary administrator I understand and agree to the following responsibilities: *ADMINISTRATOR'S INITIALS*

Account Creation and Access Controls:

1. I will create additional unique administrator accounts for the Traffic Violator Course Completion (TVCC) Database for the sole purpose of performing administrative functions to support user access. _____

2. I will create unique user accounts for the TVCC Database for the sole purpose of entering or receiving course completion information. _____

3. I will provide each user or administrator with a unique access ID and password by telephone, e-mail or in person. _____

4. I will restrict access to the TVCC Database to only those administrators or users who have an official role in updating course completion data, or receiving course completion data to update court records. _____

5. I will access the TVCC Database only when necessary to enter, query, correct (if allowed), receive or reject completion information. _____

6. I will request the Department of Motor Vehicles (DMV) Administrator disable a user or administrator account, if the user or administrator has not complied with completing an annual Information Security Disclosure Statement, EXEC 200X, each calendar year. _____

7. I will request the DMV Administrator disable any user or administrator accounts when his/her official duties no longer require access to the TVCC Database, or when the user or administrator is separating from a position with the Traffic Violator School or Traffic Court. _____

8. I will immediately request the DMV Administrator disable any user or administrator account when his/her official duties are temporarily suspended for a period of 10 business days or more. _____

9. I will immediately notify the DMV Administrator in writing when I will no longer perform the duties of the primary administrator, or my official duties no longer require access to the TVCC Database. _____

Password Maintenance:

10. I will change my password to a new password, conforming to the system standards when logging onto the system for the first time and when the password has been reset. _____

11. I will instruct users and administrators to change their initial password to his/her own password when logging on for the first time and when the password has been reset. _____

12. I will change my password when notified that the password will expire. (Password will expire every 30 days.) _____

13. I will contact the DMV Administrator if I forget my password, allow it to expire, attempt to unsuccessfully logon three consecutive times, or the password was disabled due to inactivity for 90 days. _____

14. I will 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:
    - Never share or allow others to view my password or user name.
    - Never display my password or user name in plain text. _____

15. I will secure my personal or provided computer with a password or locking device when it is unattended, or at any time while logged onto the TVCC Database.   _____

16. I will report any suspicious circumstances or potential unauthorized access to the TVCC Database or access to information used to update the TVCC Database to the DMV Administrator at (916) 657-6550.   _____

17. I will complete an Information Security and Disclosure Statement Firm, EXEC 201X, each calendar year, and retain it for at least one additional calendar year; and will make the agreement available upon request by the Department or the Department's agent.   _____

18. I will request the DMV Administrator provide an Information Security and Disclosure Statement Public/ Private Partnerships Employee, EXEC 200X, to each user or administrator, and obtain the signature on the EXEC 200X before creating the user account.   _____

19. I will terminate the account of any user or administrator who fails to sign the EXEC 200X, or who fails to submit the signed EXEC 200X to the business office to retain as a required record.   _____

20. I will retain a copy of EXEC 200X for each user or administrator account, for at least two calendar years; and make copies available to the Department or the Department's agent.   _____

21. I will periodically monitor each user or administrator to ensure precautionary measures are being utilized for keeping his/her password and user name private.   _____

22. I will provide help to users and administrators when questions arise about the TVCC Database.   _____

23. I will contact the DMV Administrator Help Desk, Monday – Friday, 8 a.m. – 4:30 p.m., when additional assistance is needed in responding to questions from users or administrators.   _____

24. I will restrict contact with the DMV administrators to administrators.   _____

25. I will notify the DMV Administrator in writing whenever information provided on this form changes.   _____

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. I acknowledge and agree to utilize the Traffic Violator Course Completion Database in accordance with the terms outlined in the Enrollment Application.

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 Traffic Violator School or Court, reference in Section 1 of this enrollment application, up to and including termination of employment.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

ADMINISTRATOR'S PRINTED NAME	EXECUTED AT (CITY)
ADMINISTRATOR'S SIGNATURE **X**	DATE SIGNED

SECTION C — TVS OWNER AND OPERATOR CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify (or declare) that I will notify the DMV Administrator in writing within 10 days when the person identified in section B no longer acts as the primary administrator.

TVS OWNER'S PRINTED NAME	TVS OWNER'S SIGNATURE **X**	EMAIL ADDRESS	DATE SIGNED
TVS OPERATOR'S PRINTED NAME *(IF DIFFERENT FROM OWNER)*	TVS OPERATOR'S SIGNATURE **X**	EMAIL ADDRESS	DATE SIGNED

SECTION D — COURT EXECUTIVE OFFICER CERTIFICATION. *To be completed if you are requesting access as a court. Cannot be the same person as the Primary Administrator.*

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify (or declare) that I will notify the DMV Administrator in writing within 10 days when the person identified in section B no longer acts as the primary administrator.

COURT EXECUTIVE OFFICER'S PRINTED NAME	COURT EXECUTIVE OFFICER'S SIGNATURE **X**	DATE SIGNED