STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

COMMERCIAL REQUESTER ACCOUNT SERVICE PROVIDER APPLICATION

Account Number _____

DMV USE ONLY	
CHECK/M.O. #	CHECK/M.O. AMOUNT
CA DL/ID DATE	EXPIRES

IMPORTANT: ***To avoid processing delays, please read all instructions (Commercial Requester Account Application Instructions, INF 1133V) prior to completing this form.***
All sections must be completed or application will be returned unprocessed.

SECTION 1 — APPLICATION TYPE (*Check one box only.*)

☐ Original Application
☐ Renewal

☐ Change(s) to existing Account – Complete only those sections that are changing **and** list **ALL** existing Requestor Code(s) (**REQUIRED**)
_____

SECTION 2 — BUSINESS INFORMATION

NAME OF SOLE OWNER, PARTNERSHIP, LLP, LLC, CORPORATION OR ASSOCIATION			TELEPHONE NUMBER ( )
DBA (*FICTITIOUS BUSINESS NAME*)	WEBSITE (*IF NONE, SO STATE*)		FAX NUMBER ( )
CONTACT PERSON NAME/TITLE (*INDIVIDUAL RESPONSIBLE FOR THE ACCOUNT*)	EMAIL ADDRESS		TELEPHONE NUMBER ( )
STREET ADDRESS (*PHYSICAL LOCATION REQUIRED*)	CITY	STATE	ZIP CODE
MAILING ADDRESS (*IF DIFFERENT FROM PHYSICAL ADDRESS*)	CITY	STATE	ZIP CODE

SECTION 3 — BUSINESS IDENTIFICATION

FEDERAL EMPLOYER ID NUMBER OR STATE TAX ID NUMBER	ID NUMBER ISSUED TO CORPORATION, LLC, LLP, LP, (*IF APPLICABLE*)	STATE OF ISSUANCE

OTHER (*PLEASE IDENTIFY*)

SECTION 4 — COMMERCIAL REQUESTER ACCOUNT HISTORY AND USE

1. Has anyone directly affiliated with any party identified in Section 2:
   a. previously applied for, had, or have a Commercial Requester Account? ..... ☐ No ☐ Yes
      If yes, print Business Name and/or DBA _____
      Agreement/Account or Requester Code number _____
   b. been subject to a DMV administrative action? ..... ☐ No ☐ Yes
      If yes, include the type of action _____
      the name of the person and/or business _____
      the reason _____
      date of incident _____
2. Has anyone having access ever been convicted of any crime for a violent act, stalking, computer fraud, unauthorized disclosure, access, or distribution of information? ..... ☐ No ☐ Yes
   If yes, include the name of the person _____
   the specific code violation _____
   conviction date _____
   court _____
   action taken _____

SECTION 5 — TYPE OF SERVICE BEING PROVIDED

Describe the type of service you will be providing to the approved requester (***Note: Select one.***):

1. ☐ Pass Through/Reformat Service for DMV approved requesters.
   ☐ Government Requester Account Holder **or** ☐ Commercial Requester Account Holder
2. ☐ Contracted Services, e.g. acting in a Principal/Agent capacity on behalf of:
   ☐ Government Requester Account Holder **or** ☐ Commercial Requester Account Holder
   Note: Agent Authorization (INF 03) is required for access.
3. ☐ EPN Agent acting on behalf of: ☐ Commercial Requester Account Holder **or** ☐ Government Requester Account Holder
   Note: Agent Authorization (INF 03) is required for access.
4. ☐ Bulk Requester

Print Clear Form

SECTION 6 — METHOD OF ACCESS (*See instructions for descriptions*)

Identify your proposed method of access:

1. Manual
   - ☐ Hardcopy (Paper)
2. Electronic File Transfer
   - ☐ Secure File Transfer
3. Direct Access
   - ☐ Direct Access - Commonly known as "Online"

SECTION 7 — (ONLINE) DIRECT ACCESS

A **Special Permit Holder** is a requester who has been authorized by DMV for direct access in order to access DMV record information. A one-time permit fee of $10,000 is required. Applicants must be able to comply with all technical, security and programming requirements necessary to interface with DMV's automated systems. Please contact the DMV's Electronic Access Administration Unit at (916) 657-5582 for technical, security and programming requirements.

SECTION 8 — ACKNOWLEDGEMENT AND CERTIFICATION STATEMENT

I hereby acknowledge that I have read and agree to the Commercial Requester Account Terms and Conditions (INF 1230).

I hereby acknowledge that I have read the "Commercial Requester Information Handbook" and hereby agree to the terms and conditions contained therein, including any "Security Requirements" (Chapter 2) that may be applicable based on method of access.

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 [CVC] §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. (CVC §1808.46).

I understand that my requester code has been issued for DMV tracking purposes only and that information access will be based on the access authority of the approved requester for whom I will be providing the approved service.

I declare under penalty of perjury 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 CVC §1808.21(c).

EXECUTED AT (*CITY*)	COUNTY	ON (*DATE*)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

X

PRINT NAME	TITLE	DAYTIME TELEPHONE NUMBER
		( )

SECTION 9 — 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. Retain copy for your records then mail to:

DMV, Account Processing Unit – MS H221
P.O. Box 944231
Sacramento, CA 94244-2310

(Physical Address: 2570 24th Street, MS H221, Sacramento, CA 95818)