STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

INFORMATION SERVICES CERTIFICATION OF AGENCY

SECTION 1 — COMMERCIAL REQUESTER ACCOUNT HOLDER INFORMATION

Please check the appropriate box below:

☐ Business is a vehicle dealership licensed to do business in the state of California.

☐ Business is a vehicle manufacturer licensed to do business in the state of California.

Please print the following business information:

NAME	CONTACT PERSON NAME	
STREET ADDRESS	CITY	STATE ZIP CODE
DEALER/MANUFACTURER LICENSE NUMBER	DEALER/MANUFACTURER REQUESTER CODE	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 California Vehicle Code (CVC) §1808.23.

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, ***and/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.

SECTION 2 — AGENT INFORMATION

Please print the following information regarding authorized agent:

NAME		
STREET ADDRESS	CITY	STATE ZIP CODE
AGENT REQUESTER CODE	TELEPHONE NUMBER ( )	

SECTION 3 — CERTIFICATION

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

PRINTED NAME	EXECUTED AT	CITY	COUNTY	STATE
SIGNATURE OF DEALER OR MANUFACTURER X		DATE SIGNED		

Print Clear Form