1. **THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.**
2. **FAX COMPLETED FORM TO:** 305-253-1440

NEW HAMPSHIRE MOTOR VEHICLE RECORDS
SUBSEQUENT USER CERTIFICATION
(Please Type or Print Information)

SOFTECH ACCOUNT # _____ DATE: _____

I hereby certify:

A. That the COMPANY designated below is an employer or the agent of an employer that is requesting New Hampshire Driver/Vehicle Record Information on an employee or prospective employee because operating a motor vehicle is a condition of employment. [Saf-C 5605.02]

B. That SOFTECH INTERNATIONAL INC is acting as Third Party Transaction facilitator for said COMPANY.

(For Paragraph C, please check the applicable box.)

☐ **Agent of an Employer**

C. That Driver/Vehicle Record Information obtained by SOFTECH INTERNATIONAL INC for said COMPANY shall be used exclusively for legitimate business, only as long as said COMPANY sells or packages the information with additional information for employment purposes to the ultimate and final end user. The end user will be prohibited from reselling, redisplaying, or otherwise redistributing the information to any other party.

☐ **Employer**

C That Driver/Vehicle Record Information obtained by SOFTECH INTERNATIONAL INC for said COMPANY shall be used exclusively for legitimate business. That said COMPANY will be prohibited from reselling, redisplaying, or otherwise redistributing the information to any other party.

D. That the information contained in the Driver/Vehicle Record Information obtained from New Hampshire Motor Vehicle Division shall be used in accordance with the requirements and in no way violate the New Hampshire state regulations, Saf-C 5600, and state law, RSA 260:14. http://www.gencourt.state.nh.us/rules/saf-c5600.html

E. That all Fair Credit Reporting Act (F.C.R.A.) and Driver's Privacy Protection Act (D.P.P.A.) regulations have been met with regard to the requests submitted by said COMPANY to SOFTECH, including, but not limited to, obtaining a signed release for each Driver Record Information request submitted to SOFTECH.

I affirm that I am a representative authorized to bind the COMPANY named below and I will comply with RSA 260:14 and New Hampshire Code of Administrative Rules Saf-C 5600 and I understand the limitations placed on the use of information received from the New Hampshire Department of Safety. This form is subject to the penalties by RSA 260:14, IX.

"**RSA 260:14, IX** A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be a separate offense."

Name of Company

Address

Authorized Representative Signature Date
(Expires one year after date of signature)

City, State, Zip Code

Printed Name Title

Phone Number

Email Address

Fax Number