

GEORGIA DEPARTMENT OF MOTOR VEHICLE SAFETY

Driver's Services Section/Motor Vehicle Records
P.O. Box 80447
Conyers, Ga. 30013
678-413-8437

APPLICATION FOR MOTOR VEHICLE RECORDS

Company Name: _____ FEIN: _____

Company Rep./Individual Name: _____ Existing Customer ID: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Type of Business: (Select Only one)

Court _____ Credit _____ Employment _____ Insurance _____
Law Enforcement _____ School _____ Other _____

Type of Certification Requested: (Select Only one)

Internet User _____ Bulk Requestor _____ Bulk User _____

Purpose For Requesting MVR: (Select Only one)

Insurance _____ Employment _____ Limited Rating Information _____
Credit _____ Rental Car Agency _____

Security Question: (Answer Only one of the following questions)

What is your mother's maiden name? Answer: _____
What is your pet's name? Answer: _____
What is your favorite color? Answer: _____
What is your favorite food? Answer: _____
What is your birth month? Answer: _____

E-mail Address: _____

Do you have a contract with a state agency that requires you to request MVR(s)? Yes____ No____
If yes, you will need to send in a copy of that contract with your signed application.

By signing this agreement, I hereby certify the above information is true and correct and the information obtained will be used for the purpose stated above and in accordance with the Fair Credit Reporting Act.

SIGNATURE TITLE DATE

PRINTED NAME OF APPLICANT

USER/REQUESTER ACKNOWLEDGMENTS

1. I acknowledge and understand that the Company must abide by the statutory provisions set forth in O.C.G.A. §40-5-2 as well as the rules and regulations promulgated by the Georgia Technology Authority regarding the use of Motor Vehicle Records (hereinafter referred to as "MVR").
2. I acknowledge and understand that MVR(s) shall be used exclusively with a) claims investigation, b) antifraud activities, c) rating, d) underwriting of motor vehicle insurance or e) for verification of information provided by an individual whose record is requested as part of an employment process. (Hereinafter referred to as "Permitted Use").
3. I acknowledge and understand that MVR(s) may be resold only to entities and/or individuals authorized to receive the information. (Hereinafter referred to as a "User"). I acknowledge and understand that Users must execute a certificate (hereinafter referred to as "User Certificate") and submit it to the Department of Motor Vehicle Safety (hereinafter referred to as the "DMVS").
4. I acknowledge and understand that MVR(s) cannot be stored, copied, or downloaded except as required to transfer MVR(s) to a User. Furthermore, I understand that MVR(s) may not be published, transmitted to any other person and/or entity unless required by law or by express written consent of DMVS.
5. I acknowledge and understand that the Company's documentation supporting the request for MVR(s) shall be subject to inspection; review or audit by DMVS or the State Auditor for a period of three (3) years from the date the request was made.
6. I acknowledge and understand that notwithstanding the foregoing, the Company hereby waives, releases, relinquishes, discharges and agrees to indemnify, protect and save harmless the State (including the State Tort Claims Trust Fund) and DMVS of and from any and all claims, demands, liabilities, loss, costs and/or expenses for any loss or damage, including but not limited to libel, slander, defamation, and or invasion of privacy and attorney fees, caused by, growing out of, or otherwise happening in connection with Company's Permitted Use of MVR(s), due to any act or omission whether intentional or negligent, or otherwise on the part of Company, its agents, employees, subcontractors or others working at the direction of Company on its behalf.
7. I acknowledge and understand that DMVS will maintain a record of all MVR(s) which the Company requests for a period of four (4) years. I further acknowledge and understand that Company is required to maintain all of Company's requests to DMVS for MVR(s) for a period of three (3) years.
8. I understand that Company may be subject to criminal sanctions if Company, its agents, or employees disclose, distribute or sell the MVR(s) to an unauthorized third party or use the MVR(s) for an unauthorized purpose.

I have been fully authorized and empowered to execute this acknowledgement on behalf of company.

Subscribed to and Sworn to Before Me

Month _____ Day ____ Year _____

Signature

Signature

Date

Municipality / County

Commission Expiration Date