

**GEORGIA DEPARTMENT OF DRIVER SERVICES**

Attn: Bulk MVR  
P.O. Box 80447  
Conyers, Ga. 30013  
678-413-8847

**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 \_\_\_\_\_ Financial Institution \_\_\_\_\_ Insurance \_\_\_\_\_ Law Enforcement \_\_\_\_\_  
School \_\_\_\_\_ City Government \_\_\_\_\_ County Government \_\_\_\_\_ Fire Dept. \_\_\_\_\_ Car Rental \_\_\_\_\_  
Corporation \_\_\_\_\_ State Agency \_\_\_\_\_ Other \_\_\_\_\_

**Type of Certification Requested:** (Select only one)

Internet User \_\_\_\_\_ Bulk Requestor \_\_\_\_\_ Bulk User \_\_\_\_\_

**Purpose For Requesting MVRs:** (Select all that applies)

Motor Vehicle Insurance \_\_\_\_\_ Motor Vehicle Limited Rating Information \_\_\_\_\_ Other Insurance \_\_\_\_\_  
Credit \_\_\_\_\_ Rental Car Agency \_\_\_\_\_ Other \_\_\_\_\_  
Employment (own employees) \_\_\_\_\_ Employment (background check done for hire) \_\_\_\_\_

**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 MVRs? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, you will need to send in a copy of that contract with your signed application.

By signing this application, 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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
TITLE

GEORGIA DEPARTMENT OF DRIVER SERVICES  
BULK MVR USER CERTIFICATE

User Name:			
Address:			
City:	State:	Zip Code:	
Telephone #:	Fax #:	Email:	
Bulk Requestor Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name:	

The company or individual named above certifies that for each driving record requested, the information contained therein shall be used solely for one of the following approved purposes: insurance claims investigation, insurance antifraud activities, insurance rating, insurance underwriting, car rental agreements, address verification by a creditor, or as part of a background investigation on an employee or applicant for employment.

In the event that an adverse decision is based upon any information supplied to the User by the Department of Driver Services (DDS), then upon request of the driver named in the driving record, the User or the producing insurance agent, if applicable, shall inform the driver named in the record of all information pertinent to the decision. This provision is to be construed as requiring the User to include specific information included in the driver's record.

All information is requested only for the User's exclusive use. The User shall not share, sell or otherwise disseminate any information included in the motor vehicle report to any other person or company, except as provided in O.C.G.A. §40-5-2, 18 U.S.C. §2721, *et seq.*, Ga. Admin. Comp. Ch. 375-3-8-.03, any other applicable provision of law, or as provided herein.

Any violation of the rules, laws or agreements applicable to the access provided herein to the User shall be considered sufficient grounds for the DDS to refuse to release any additional information on any other driver that the User may request. This administrative action by the DDS shall not be deemed to supersede any other sanctions prescribed by law, including, but not limited to, any applicable civil or criminal penalties.

The DDS has the right to inspect and copy all records, files, reports, or any other materials deemed necessary to verify that the User has abided by all terms of the certificate unless such access is prohibited by law.

The burden of showing compliance with the provisions of this certificate is at all times on the User. Upon reasonable notice by the DDS, the User must be able to demonstrate such compliance.

Users obtaining driving records for any of the aforementioned insurance purposes must have an application for insurance or renewal thereof in order to obtain driving records. Users obtaining driving records for employment or pre-employment background investigations must obtain the written consent of each licensee whose driving record is requested.

Access granted to this User via the Requestor named above, if any, shall cease immediately if the DDS terminates the Requestor's access to driving records for any reason.

Termination, non-renewal, or expiration of the agreement between the Requestor named above and the Georgia Technology Authority terminates the User's access to driving records for any reason.

The person signing below has authority to do so on behalf of the applicant named above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Printed Name