



Fax Back to 800-870-6877

A Public Serve Agency

INFORMATION SERVICES BRANCH
INFORMATION SECURITY STATEMENT

To be completed by any individual having access to DMV record information. Annual re-certification is required.

By signing this form, the undersigned represents that he/she has read and understands the same, agrees to its contents and realizes the penalties for non-compliance to its terms.

The Department of Motor Vehicles (CA DMV) collects information from the public to administer the various programs for which it has responsibility. CA DMV is committed to protect this information from unauthorized access, use, or disclosure. The following have been adopted to address commercial and governmental users responsibilities for handling and protecting information obtained from the DMV. I understand the following are my responsibilities:

- 1. I may access information only when necessary to accomplish the responsibilities of my employment. I may not access or use information from the CA DMV for personal reasons.
2. I may disclose CA DMV information only to individuals who have been authorized to receive it through the appropriate procedures as regulated by CA DMV.
3. To keep the requester code and/or password confidential, I must take reasonable precautions to maintain the secrecy of any requester code and/or my password.
4. To promptly notify CA DMV or a supervisor of any indication of misuse or unauthorized disclosure of information obtained from CA DMV.

Federal law states:

Any person who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under the Driver's Privacy Protection Act (Title 18 of the United States Code, Section 2721 - 2725), shall be liable to the individual to whom the information pertains, who may bring a civil action in a United States district court.

I certify under penalty of perjury, under the laws of the State of California, that I have read and understand the security policies and regulations stated above. I understand that failure to comply with these policies and regulations may result in disciplinary action in accordance with Section 19572 of the Government Code, federal laws and regulations, and/or civil or criminal prosecution in accordance with applicable statutes. I further understand that I may undergo disciplinary action from my employer up to and including termination from employment.

EXECUTED AT (ADDRESS) CITY COUNTY STATE ZIP CODE

SIGNATURE (I HAVE READ & AGREE TO ALL ABOVE STATEMENTS) DIRECT PHONE NUMBER OF SIGNATORY EXT DATE
[X] ()

PRINTED NAME OF SIGNATORY DRIVER LICENSE OR IDENTIFICATION CARD NO. AND STATE

COMPANY OR GOVERNMENT ENTITY NAME PHYSICAL ADDRESS

COMPANY REPRESENTATIVE (SECURITY MANAGER SIGNATURE ONLY) PRINTED NAME OF SECURITY MANAGER

This form must be completed upon presentation and re-certified annually and RETAINED AT THE WORKSITE of the Requester Account Holder with a current list of those authorized direct or incidental record access for the life of the account and for two years following the deactivation or termination of the account. This completed form and list must be made available upon request to DMV audit staff.