



INFORMATION SERVICES PROGRAM
COMMERCIAL REQUESTER ACCOUNT NOTICE CHANGE
 SUBMIT WITHIN 10 DAYS OF OCCURENCE

Please print clearly or type

Check one: **Sole Ownership** **Partnership** **Corporation**

PART A: INFORMATION ON RECORD

REQUESTER CODE(S)	AGREEMENT NO.	TELEPHONE NUMBER ()
NAME OF INDIVIDUAL, PARTNERSHIP, OR CORPORATION		
FIRM OR TRADE NAME		
DBA		

PLEASE REPORT ALL CHANGES IN THE APPROPRIATE SPACES

PART B: CORPORATE OFFICERS

NOTE: A CHANGE IN OFFICER(S) OR IN CORPORATE NAME (SAME OFFICERS) REQUIRES COMPLETION OF THIS FORM. A CHANGE IN SOLE OWNER, PARTNER, SALE OF COMPANY, OR ANY COMPANY MERGER REQUIRES A NEW APPLICATION AND AGREEMENT.

INSTRUCTIONS: Please list all current and new officers:

NAME (LAST FIRST MI)	TITLE	DL/ID NUMBER AND STATE ISSUED
NAME (LAST FIRST MI)	TITLE	DL/ID NUMBER AND STATE ISSUED
NAME (LAST FIRST MI)	TITLE	DJ/ID NUMBER AND STATE ISSUED
NAME (LAST FIRST MI)	TITLE	DL/ID NUMBER AND STATE ISSUED

PART C: REPORT OF NEW FIRM NAME, MAILING ADDRESS, PHONE NUMBER, CONTACT PERSON, AUTHORIZED PERSON OR STORAGE.

NEW FIRM NAME		
NEW MAILING ADDRESS	NEW DAYTIME PHONE NUMBER ()	
NEW CONTACT PERSON	NEW DAYTIME PHONE NUMBER ()	
RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV OR ITS REPRESENTATIVES.)		
CITY	STATE	ZIP CODE

PART D: BILLING CONTACT AND ADDRESS

BILLING CONTACT NAME (FIRST, MI, LAST)		
CITY	STATE	ZIP CODE

PART E: BRANCH(ES) LOCATION

INSTRUCTIONS: Please complete the Commercial Requester Account Requester Codes for Branch Location, Inf1106BL.

PART F: DIRECT ON-LINE REQUESTERS ONLY

NEW ACCESS CONTROL ADMINISTRATOR-NAME (LAST FIRST MI)	TITLE	DL/ID NUMBER AND STATE ISSUED
NEW REVIEW SECURITY ADMINISTRATOR-NAME (LAST FIRST MI)	TITLE	DL/ID NUMBER AND STATE ISSUED

Return completed form to:

DEPARTMENT OF MOTOR VEHICLES
 ACCOUNTS PROCESSING UNIT, H221
 P. O. BOX 944231
 SACRAMENTO, CA 94244-2310

PART G: ACCOUNT PURPOSES, TYPE OF RECORDS AND ADDRESS ACCESS

(NOTE: PROVIDE NEW OR ADDITIONAL INFORMATION)

Instructions: Complete a separate section for each purpose and explain how the information received will be used under proposed use, select the types of records requested. Check either "yes" or "no" for confidential residence address information. If yes, the Commercial Requester Account Agreement requires the specific regulation, rule of court, federal, or state statute identified by code name and section number which authorizes the use of Department of Motor Vehicle residence address information.

Type Record Abbreviations Guide DL/ID—Driver License/Identification Card VR—Vehicle/Vessel Registration FR—Financial Responsibility OL—Occupational Licensee		DMV USE ONLY
1. Identify Proposed Use: _____		Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence Address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Req. Code # _____
2. Identify Proposed Use: _____		Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence Address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Req. Code # _____
3. Identify Proposed Use: _____		Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence Address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Req. Code # _____
4. Identify Proposed Use: _____		Proposed Use Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> VR <input type="checkbox"/> DL <input type="checkbox"/> OL <input type="checkbox"/> FR Residence Address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Req. Code # _____

PART H: STATEMENT OF UNDERSTANDING CERTIFICATION SIGNATURE(S)

Instructions: Please read the statement of understanding, complete the "Executed at" line and sign A, B, or C, as appropriate. I understand that false or misleading answers are cause for denial of an application and/or termination of any access agreement granted. / authorize the Director of the Department of Motor Vehicles, or the Director's designee, to investigate any matter or statements contained in this application.

I understand that if this Application for a Commercial Requester Account is approved, I will be required to conform to the statements presented within. I further understand that I will be required to sign an agreement which will become part of this application. This application and the agreement specify the terms and conditions of our relationship. Any deviations will be considered by the Department of Motor Vehicles as misuse, and may result in both revocation of the account and refusal of subsequent applications.

I understand that according to provisions of the California Vehicle Code Section 1808.45, the willful, unauthorized disclosure of information from any department record for a purpose other than the one stated in the request or the sale or other distribution of the information to a person or organization not disclosed in the request is a misdemeanor, punishable by a fine not exceeding \$5,000 or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment.

I understand that according to provisions of the California Vehicle Code Section 1808.46, any person holding a requester code who directly or indirectly obtains information from the Department of Motor Vehicles using false representations or distributes restricted or confidential information to any person or uses the information for a reason not authorized or specified in this application is liable to the Department of Motor Vehicles for civil penalties up to \$100,000 and shall have their requester code privileges suspended for a period of up to five (5) years or revoked.

EXECUTED AT (CITY)	(COUNTY)	ON (DATE)
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A. Individual: I certify under the penalty of perjury that I am the sole owner as shown on this application, and that no other person is associated in the ownership of the business, and that all answers and information contained within this application are true and correct.

SIGNATURE
X

B. Partnership: We certify under the penalty of perjury that we are co-partners as shown on this application and that no other person is associated in the ownership of the business, and that all answers and information contained within this application are true and correct.

SIGNATURE X	SIGNATURE X
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C. Corporation: I certify under the penalty of perjury that I am a corporate officer authorized to sign for the corporation identification number and the state shown on this application are valid and that all answers and information contained within this application are true and correct.

SIGNATURE OF CORPORATE OFFICER AUTHORIZED TO SIGN FOR CORPORATION X	TITLE X
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