



Information Services Branch
COMMERCIAL REQUESTER ACCOUNT APPLICATION

Account Number _____

DMV USE ONLY	
CHECK/M.O. #	AMOUNT
CA ID/DATE	EXPIRES

- Check One Only:**
- Original Application (All sections must be completed or application will be returned unprocessed.)
 - Change(s) to existing Account—Complete only those sections that are changing **and** list **ALL** existing Requester Code(s) _____ **(REQUIRED)**
 - Renewal (All sections must be completed or application will be returned unprocessed.)

IMPORTANT

TO AVOID PROCESSING DELAYS, PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETING FORM.

SECTION A. BUSINESS INFORMATION

1. BUSINESS NAME		2. DAYTIME TELEPHONE NUMBER ()	
3. DBA (FICTITIOUS BUSINESS NAME)	4. INTERNET WEBSITE ADDRESS (IF NONE, SO STATE)		5. FAX NUMBER
6. CONTACT PERSON NAME/TITLE (INDIVIDUAL RESPONSIBLE FOR THE ACCOUNT)		7. E-MAIL ADDRESS	
8. DAYTIME TELEPHONE NUMBER ()			
9. STREET ADDRESS (PHYSICAL LOCATION REQUIRED)	CITY	STATE	ZIP CODE
10. MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)	CITY	STATE	ZIP CODE

SECTION B. BUSINESS IDENTIFICATION

1. FEDERAL EMPLOYER ID# OR STATE TAX ID #	2. CORPORATION, LLC, LLP, LP ID#, IF APPLICABLE Number:	STATE OF ISSUANCE
3. OTHER (PLEASE IDENTIFY)		

SECTION C. BUSINESS TYPE

- | | | |
|---|--|--|
| <input type="checkbox"/> Attorney/Law Office | <input type="checkbox"/> Independent Institution of Higher Education | <input type="checkbox"/> PI/Detective Agency |
| <input type="checkbox"/> Auto Auction | <input type="checkbox"/> Insurance Agent/Agency/Broker | <input type="checkbox"/> Process Server |
| <input type="checkbox"/> Dealer (Vehicle/Vessel) | <input type="checkbox"/> Insurance Company | <input type="checkbox"/> Registration Service |
| <input type="checkbox"/> Dismantler (Vehicle/Vessel) | <input type="checkbox"/> Lessor/Retailer | <input type="checkbox"/> Rental Company (Vehicle/Vessel) |
| <input type="checkbox"/> Distributor (Vehicle/Vessel) | <input type="checkbox"/> Lien Sale | <input type="checkbox"/> Salvage Company |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Manufacturer (Vehicle/Vessel) | <input type="checkbox"/> Other: (Please Identify) |
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Media | |

SECTION D. PROFESSIONAL/OCCUPATIONAL LICENSE INFORMATION

1. PROFESSIONAL OR OCCUPATIONAL LICENSEE NAME		
2. ISSUING AGENCY NAME	A. LICENSE NUMBER	B. EXPIRATION DATE (MONTH/YEAR)

SECTION E. COMMERCIAL REQUESTER ACCOUNT HISTORY AND USE

- Has anyone directly affiliated with any party identified in Section A:
 - previously applied for, had, or have a Commercial Requester Account? Yes No
If yes, print Business Name and/or DBA _____ and Agreement/Account or Requester Code # _____
 - been subject to a DMV administrative action? Yes No
If yes, attach a separate sheet that includes the type of action, the name of the person and/or business, the reason and date of incident.
- Has anyone having access ever been convicted of any crime for a violent act, stalking, computer fraud, or for unauthorized disclosure, access or distribution of information? Yes No
If yes, attach a separate sheet that includes the name of the person, the specific code violation, conviction date, court, and action taken.
- I will be using the information for my own business use as approved by the department.
 - I will be using the information to perform a legitimate business service on behalf of another CRA applicant (i.e., pass through/reformat, other contracted services) as approved by the department. Access authority will be based on the other CRA applicant

SECTION F. RECORD ACCESS METHOD

1. Will you obtain information through a DMV approved Service Provider/Vendor? Yes No
If "Yes", is the access method on-line? (Instant response) Yes No
If "No", please provide a mailing address where you would like your invoices sent. If address is the same as the mailing address identified in Section A, please state "Same": _____

2. Are you interested in other electronic information access directly from the DMV? Yes No
If "yes", see instructions for other access methods and who to contact.

SECTION G. PERMISSIBLE USE(S)/PURPOSE - Each permissible use must be listed separately. For DMV Use Only

1. IDENTIFY PROPOSED USE
Proposed Use Approved Yes No
Requester Code Issued # _____
Type: VR DL OL FR Residence address requested: Yes No

2. IDENTIFY PROPOSED USE
Proposed Use Approved Yes No
Requester Code Issued # _____
Type: VR DL OL FR Residence address requested: Yes No

3. IDENTIFY PROPOSED USE
Proposed Use Approved Yes No
Requester Code Issued # _____
Type: VR DL OL FR Residence address requested: Yes No

4. IDENTIFY PROPOSED USE
Proposed Use Approved Yes No
Requester Code Issued # _____
Type: VR DL OL FR Residence address requested: Yes No

SECTION H. ACKNOWLEDGEMENT AND CERTIFICATION STATEMENT

I hereby acknowledge that I have received, read, and agree to the Commercial Requester Account Terms and Conditions (INF 1230).

I understand that the use, or unauthorized disclosure, of departmental information for a purpose other than that for which this applicant applied, and was approved by the Department, is prohibited and subject to criminal prosecution, including fines and imprisonment. (California Vehicle Code Section 1808.45) I further understand that obtaining departmental information under false representations, the distribution of restricted information, or use of information for a purpose not specified by this applicant and approved by the Department, may result in suspension/revocation of applicant's access privileges and civil penalties up to \$100,000. (California Vehicle Code Section 1808.46)

I certify (or declare) under penalty of perjury under of the laws of the State of California that the foregoing is true and correct. I further consent to receive service of process pursuant to the provisions of California Vehicle Code Section 1808.21(c).

EXECUTED AT _____ CITY _____ COUNTY _____ ON (DATE) _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

X
PRINTED NAME _____ TITLE _____ DAYTIME TELEPHONE NUMBER () _____

SECTION I. DMV APPROVAL

**STATE OF CALIFORNIA
Department of Motor Vehicles**

SIGNATURE (DMV REPRESENTATIVE) _____ DATE _____

X

IMPORTANT

Information provided on this form is Public Record, unless expressed otherwise in statute.
Any confidential information will not be released to the general public.

Applicant must retain a copy of the application for their records.

**Mail To: DMV, Account Processing Unit
MS-H221, P.O. Box 944231,
Sacramento, CA 94244-2310**