

Utah State Tax Commission Division of Motor Vehicles • PO Box 30412 • Salt Lake City, UT 84130 • 801-297-7780 or 1-800-368-8824

Application to Request a Motor Vehicle Account

Get forms at tax.utah.gov/forms

The following information must be submitted to the Division of Motor Vehicles in order to establish a Motor Vehicle Information Telephone Account and/or a Utah Interactive Network Registration Agreement Account. Only applicants who satisfy the federal requirements for access to motor vehicle records will be granted an account.

Note: Use form TC-890 to request release of protected motor vehicle information.

Section 1: Applicant Information			
Applicant name	Company name	Company name	
Mailing address	City	State	ZIP code
Street address (if different from Mailing address)	City	State	ZIP code
Federal ID number (required)	Phone (include area code)	Fax (incl	ude area code)
Email (required)	1		

Section 2: Type of Account

Check the type of account you are applying for below:

Phone account: Monday-Friday, 8:00 A.M.-5:00 P.M. (excluding holidays); \$3.00 per record

Title, Lien and Registration (TLR): Online, 24/7 access; \$2.00 per record

Both Phone and TLR

Section 3: Reason(s) for Entitlement to Protected Motor Vehicle Information

Check the box that best describes why you are entitled to protected motor vehicle information under the Federal Driver's Privacy Protection Act (DPPA), Title 18, Section 2721. If the motor vehicle records you access are used contrary to DPPA standards, federal and state penalties will apply.

For use by a government agency, including any court or law enforcement agency, in carrying out their functions or a private person or
entity acting on behalf of a government agency in carrying out its functions. (Provide a copy of the signed State contract if you are a
private person or entity.)

what your business need is in the "Other" section below.)
personal information submitted by the individual to the business. (Provide a copy of a current business license. Explain in detail
For use by a legitimate business or its agents, employees or contractors in the normal course of business to verify the accuracy of

For use by any federal, state or local court or agency connected with civil, criminal, administrative or arbitral proceedings.

For use by any insurer or insurance support organization, or by a self-insured entity, in connection with claims investigation activities, anti-fraud, rating or underwriting.

For use to provide notice to owners of towed or impounded vehicles. (Provide a copy of a current towing business license.)

License number:	UDOT number:	Location:

For use by an attorney for approved purposes provided by federal laws. (Provide a copy of a current license.)

License number:

Expiration date:

□ For use by any licensed private investigative agency or licensed security service for approved purposes provided by federal law. (Provide a copy of a current license for each individual that will be accessing records and list their names on the reverse side.)

License number:

Expiration date:

For use by a new or used car dealer for purp	oses provided by federal lav	w. (Out-of-state dealers mus	t provide a copy of a current
license.)			

License number:

Expiration date:

Other (Provide a detailed explanation of your need.)

Application to Request a Motor Vehicle Account Terms and Conditions

Please read these terms and conditions carefully before signing and submitting your application.

The Utah State Tax Commission reserves the right to notify the individual about whom protected information is requested.

As a condition of the disclosure of protected records, the Applicant expressly agrees to the following terms:

- 1. **Responsibility:** The Applicant assumes all responsibility for the protected records of the Division that may be disclosed pursuant to this application in accordance with Utah Code Ann. Section 41-1a-116, 63G-2-202 and the Federal Driver's Privacy Protection Act, Title 18, Section 2721.
- **2. Training:** The Applicant agrees to designate an account administrator to perform all training required by the Division and to ensure the access of all protected records is made in accordance with this application.

The Applicant or Administrator agrees to notify the Division of any change in the designated administrator and/or authorized individuals that will utilize this access within 10 business days from such change. Changes must be on agency letterhead and signed by the Applicant or Administrator. You may fax these changes to: (801) 297-7697, Attn: Third Party Representative; or email dmvtIrsearch@utah.gov.

The Applicant or Administrator agrees to submit the names of all employees that will be utilizing the DMV Information Account with this application. **The Applicant or Administrator agrees to notify the Division in writing of any changes to the list of employees within 10 business days of such change.** Changes must be on business letterhead and signed by the Applicant or Administrator. You may fax these changes to: (801) 297-7697, Attn: Third Party Representative; or email **dmvtIrsearch@utah.gov**.

The Administrator will conduct any and all training of its employees and agents as directed by the Division. It is anticipated that training will be required on an annual basis or more frequently depending upon the needs of the Division.

The Administrator shall require all employees, prior to access to the protected records, to execute an acknowledgment that states substantially as follows:

I understand that access to DMV records may only be made in connection with a legitimate business need of the business as permitted by law. Access of records for an improper purpose, including personal reasons, is prohibited and subject to penalties imposed by law. I am responsible for all IDs and passwords issued to me and will protect them from unauthorized use. If I learn of any improper use or disclosure of records, I shall report such use or disclosure immediately to my supervisor and DMV. **3. Maintenance of Records and Audit:** The Applicant or Administrator agrees to take such steps necessary to ensure the privacy of the records disclosed under this application. Such steps include instructions and directions that may be provided by the Division, the marking of all records as "confidential not to be copied" and the maintenance of written documentation substantiating the basis for the access of each record. For example, if access is made to verify the ownership of a vehicle based upon information supplied by the owner, the Applicant should have in its records an application, statement or consent signed by the owner representing his or her interest in the subject vehicle.

The Applicant agrees to permit the Division reasonable access to all files or documentation pertaining to a disclosed record. Such access may be on an individual basis, such as an investigation of a complaint, or an audit to determine the Applicant's compliance with the applicable laws and procedures of the Division.

- 4. Limited Use of Records: The Applicant warrants and represents the protected records of the Division will only be accessed for the purpose marked on this application and that such records will not be used, disclosed or disseminated for any other purpose, including advertising or solicitation purposes in any form. The Applicant understands that the improper use, disclosure, or dissemination of records accessed under this application may violate applicable law and result in criminal sanctions and civil liability.
- **5. Indemnification:** The Applicant assumes responsibility for the records disclosed and agrees to indemnify and hold harmless the Division from any and all claims, demands, actions or liabilities that may arise against the Division by reason of the violation of the aforementioned statutes.
- **6. Termination:** This application and the Applicant's access to records of the Division may be terminated and denied for any reason and at the sole discretion of the Division.

Designated administrator name (print) *must be filled out and signed	Designated administrator signature	Date
Applicant signature	Date	
Applicant name (print)	Title	

Please allow seven working days for review and processing of your application. You will be notified by mail that your application has been approved or denied, or if more information is needed.

Provide names of those individuals who will be utilizing your motor vehicle account below.