



Vehicle/Vessel Disclosure Agreement Application

Use this form to apply for access to vehicle/vessel records or information. Once completed, mail or fax it to:

Public Disclosure
Department of Licensing
PO Box 2957
Olympia WA 98507-2957
Fax: (360) 570-7895

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA), and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

1 PRINT OR TYPE Method of access you are requesting			
<input type="checkbox"/> Internet Vehicle/Vessel Information Processing System (IVIPS) (<i>Individual record inquiries</i>) (360) 359-4001			
<input type="checkbox"/> Secure data transfer (360) 902-3673			
<input type="checkbox"/> Electronic Lender Transaction (ELT) (360) 902-3708 Service bureau name: _____			
Company/Agency name			
Contact name	(Area code) Telephone number	(Area code) Fax number	
Contact name 2 (If applicable)	(Area code) Telephone number	email	
Contact name 3 (If applicable)	(Area code) Telephone number	email	
Physical address of business (Number and street)			
City		State	ZIP code
Mailing address of business (If different)			
City		State	ZIP code
email	website		
You are required to provide one of the items below.			
Tax Identification Number (TIN) _____			
Federal Employer Identification Number (EIN) _____			
Washington State Unified Business Identifier (UBI) _____			

Agency Use Only			
Account number _____	<input type="checkbox"/> New account	<input type="checkbox"/> Renewal	<input type="checkbox"/> Reapply
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled <input type="checkbox"/> Misuse			

2 Check all that apply to you and/or your business

- | | | |
|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Lien service | <input type="checkbox"/> Service bureau for another business
Provide business name: _____ |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Marina | <input type="checkbox"/> Storage facility |
| <input type="checkbox"/> Auto manufacturer or agent | <input type="checkbox"/> Neighborhood block watch | <input type="checkbox"/> Title/Escrow |
| <input type="checkbox"/> Bail bonds | <input type="checkbox"/> Newspaper or media | <input type="checkbox"/> Toll facility |
| <input type="checkbox"/> Bank or financing firm | <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Towing company |
| <input type="checkbox"/> Business | <input type="checkbox"/> Parking enforcement | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Commercial parking company | <input type="checkbox"/> Private investigator | <input type="checkbox"/> Union (non-profit) |
| <input type="checkbox"/> Credit union | <input type="checkbox"/> Process server | <input type="checkbox"/> Vehicle/Vessel dealer |
| <input type="checkbox"/> Data broker/Reseller | <input type="checkbox"/> Property mgmt. - Government | <input type="checkbox"/> I represent a business that will
provide information to another party
Provide business name(s): _____ |
| <input type="checkbox"/> Debt recovery/Collection | <input type="checkbox"/> Property mgmt. - Private | <input type="checkbox"/> Other (explain)
_____ |
| <input type="checkbox"/> Employer/Prospective employer | <input type="checkbox"/> Repossession service | _____ |
| <input type="checkbox"/> Government | <input type="checkbox"/> Retail/Store | _____ |
| <input type="checkbox"/> Guardianship/Trustee service | <input type="checkbox"/> School - Private | |
| <input type="checkbox"/> Home owner association | <input type="checkbox"/> School - Public | |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Scrap processor or wrecker | |
| <input type="checkbox"/> Hulk hauler | <input type="checkbox"/> Security services - Government | |
| <input type="checkbox"/> Insurance company/agent | <input type="checkbox"/> Security services - Private | |

3 Provide a detailed explanation of your primary business activity (exactly what your business does).

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

5 Redisclosure and/or selling of information

Will you redisclose or sell the information to anyone else? Yes No

If yes, which will you do? Sell Provide to others

If yes, to whom will you provide the information? Be specific, list all recipients.

If yes, how do you ensure they have a permitted use under the DPPA and Washington state law? Be specific.

If yes, how will you supply the information? Describe.

6 Owner contact

Will you contact the vehicle/vessel owner? Yes No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, how is contact made? Describe.

If yes, describe or provide an example of why you would contact them.

7 Check all that apply

- I represent a Washington State business.** Attach legible copies of:
 - your current business license.
 - any/all professional licenses that you possess.
- I represent a business outside Washington State.** If your business is not required to be licensed in the State of Washington, attach a legible copy of either:
 - your current business license.
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).
- I am a process server.** Attach legible copies of:
 - your current business license.
 - any/all professional licenses that you possess.
 - registration for county jurisdiction(s).
- I represent a government agency.** Attach a statement that the information you receive will be used solely for carrying out official agency functions. Print agency name:

- I represent a non-profit organization or corporation.**
 1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- I am an attorney.*** Attach legible copies of:
 - your current business license.
 - your current bar card.
- I am a private investigator.*** Attach legible copies of:
 - your current Private Investigator license.
 - your current business license.

***Whenever the name or address of an individual vehicle owner is provided to an attorney or private investigator, we will notify the vehicle owner that the information has been provided. RCW 46.12.635(4)**

8 Answer the following

- Have you attached all the required documents that apply to this Vehicle/Vessel Disclosure Agreement Application? Yes No
- Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this Agreement Application? Yes No
- Do you agree not to use the information for any purpose other than what is stated on this Agreement Application, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization? Yes No
- Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information. Yes No

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

PRINT Name

Title

Address

City, State, ZIP code

X

Signature

Date and place

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93