

Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
ivips@dol.wa.gov
Print and scan or upgrade to
Adobe Reader XI or above)

Mail
Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax
(360) 570-7895

Phone
(360) 359-4001

Do not use this form for personal or individual record requests.
Use the [Vehicle or Boat Record Request forms](http://dol.wa.gov/forms/formspd.html) located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here _____

| | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| Company/Agency name | | Website | |
| Contact name. Primary applicant and contract manager | (Area code) Telephone number | Email (required) | |
| Contact name 2 (if applicable) | (Area code) Telephone number | Email (required) | |
| Physical address of business (number and street) | | | |
| City | | State | ZIP code |
| Mailing address of business (if different) | | | |
| City | | State | ZIP code |
| Provide one of these identifiers | Taxpayer Identification Number (TIN) | Employer Identification Number (EIN) | WA Unified Business Identifier (UBI) |
| <p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> | | | |
| <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> | | | |

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. 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. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

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

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by 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)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for IVIPS must complete and return this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

| | | |
|---|------------------------------|-------|
| 1 Legal business name | | |
| Address, City, State, ZIP code | | |
| Contact name | (Area code) Telephone number | Email |
| Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Subscriber's permissible use | | |
| 2 Legal business name | | |
| Address, City, State, ZIP code | | |
| Contact name | (Area code) Telephone number | Email |
| Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Subscriber's permissible use | | |
| 3 Legal business name | | |
| Address, City, State, ZIP code | | |
| Contact name | (Area code) Telephone number | Email |
| Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Subscriber's permissible use | | |
| 4 Legal business name | | |
| Address, City, State, ZIP code | | |
| Contact name | (Area code) Telephone number | Email |
| Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Subscriber's permissible use | | |

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.