

## Vehicle and Vessel Bulk Data Contract Application

Use this form to apply to receive bulk vehicle and vessel data. We will only release personal identifying information as allowed by Washington State and federal laws. We are committed to protecting personal information. There is no guarantee you will receive the information. Laws restrict redisclosure of personal information obtained from vehicle and vessel records. An authorized recipient may only redisclose information for a permitted use.

Scan and email this completed form and any questions you may have to [DOLVehicleRecordCont@dol.wa.gov](mailto:DOLVehicleRecordCont@dol.wa.gov).

### Bulk records contract fees

There is a 2-cent fee per unique VIN or HIN record. The contractor is responsible to pay a one-time setup fee and a monthly maintenance fee. Setup and maintenance fees vary.

### Audits

Third-party data security and permissible use audits will be conducted at regular intervals to demonstrate compliance with the terms of the contract and Washington State law. The data recipient is responsible for all costs associated with the audits.

For more information go to: [dol.wa.gov/about/datarequests.html](http://dol.wa.gov/about/datarequests.html)

<b>1</b> Bulk record type you need access to			
<input type="checkbox"/> Vehicle bulk records <input type="checkbox"/> Vessel bulk records			
Frequency you will access records ( <i>check one</i> )			
<input type="checkbox"/> One-time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other_____			
PRINT or TYPE Company/Agency name			
Doing Business As (DBA) name			
Contract manager name		(Area code) Telephone number	Email
Signing authority name		(Area code) Telephone number	Email
Physical address of business ( <i>Number and street, City, State, ZIP code</i> )			
Mailing address of business if different ( <i>Address or PO Box, City, State, ZIP code</i> )			
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<b>2</b> Type of your business			
<input type="checkbox"/> WA business		<input type="checkbox"/> Government	
<input type="checkbox"/> Outside WA business ( <i>submit business license</i> )		<input type="checkbox"/> Private citizen	
		<input type="checkbox"/> Non-profit organization	
<b>3</b> Provide a detailed explanation of your primary business activity ( <i>exactly what your business does</i> )			
What will you use the data for? ( <i>check all that apply</i> )			
<input type="checkbox"/> Auto component manufacturer or agent		<input type="checkbox"/> Parking enforcement	
<input type="checkbox"/> Auto manufacturer or agent		<input type="checkbox"/> Research	
<input type="checkbox"/> Bank or financing institution (loans)		<input type="checkbox"/> Statistical reports	
<input type="checkbox"/> Data broker/reseller		<input type="checkbox"/> Toll facility	
<input type="checkbox"/> Insurance company or agent		<input type="checkbox"/> Other: ( <i>explain</i> )	

**4** Explain in detail

Why do you need the data? *(attach additional pages if needed)*

Explain in detail

What type of data do you need? *(give examples)*

**5** Redisclosure and/or selling of information

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

If no, skip to Section 6.

If yes, who will you provide or sell the information to? *(Also complete the Subscriber Roster on page 4)*

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients?

**6** Owner contact

Will you contact the vehicle/vessel owner? .....  Yes  No

*Contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Where will the data be stored? Specifically include type of servers, name and physical location of secure data center, if applicable, as well as any additional protection features (*such as gated perimeter access, 24 x 7 x 365 on site staffed security/technicians, electronic key card access, security cameras inside and outside of buildings, password protection, etc.*)
  
2. Do you have an emergency backup system for the data? Specifically include the name and location of any data centers, cloud providers, and/or backup systems where the data will be stored in case of an emergency, natural or man-made, or technological disaster.

**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 or vessel record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*I hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
Date and place (county) signed

\_\_\_\_\_  
Title

**X**

\_\_\_\_\_  
Signature

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

**Subscriber Roster—You must complete this roster if you will provide or sell the data to others.**

Each data broker or reseller must record all businesses they will provide Washington State Department of Licensing data to (subscribers). You may create your own Subscriber Roster as long as it contains all of the data fields on this form. Attach additional sheets if needed.

<b>1</b> Business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
<b>2</b> Business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
<b>3</b> Business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
<b>4</b> Business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
<b>5</b> Business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
<b>6</b> Business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
<b>7</b> Business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
<b>8</b> Business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
<b>9</b> Business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email