

CPS Data Security and Permissible Use Annual Self-Assessment Certification

Contracted Plate Search (CPS) agreement holders use this form to certify their compliance as required in their agreement with the Department or Licensing (DOL). Failure to submit this certification may result in DOL conducting an audit at your expense or termination of the agreement. Send the completed form using the **Email Data Services** button or scan and email to DataServices@dol.wa.gov. If you need to send by secure email, contact DataServices@dol.wa.gov for a link.

Business/Agency information

Business/Agency name		CPS account number
Contact name	(Area code) Phone number	Email
Authorized signer name	(Area code) Phone number	Email

Self-Assessment

Data Security and Permissible Use
<p>The evaluation must include:</p> <ul style="list-style-type: none"> Review and verification of the Data Security Requirements in your agreement. Review of all authorized users' access, Information Request Logs (IRL), and use of confidential information to make sure their access and use is within official job duties and permitted uses in your agreement. Verification authorized users reviewed the CPS Agreement and signed an Appropriate Use Declaration prior to accessing CPS through DRIVES.
<p>1. Did you conduct your annual self-assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", why not?</p>
<p>2. Are you in compliance with the data security requirements in your agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", describe the issues and how/when they will be resolved?</p>
<p>3. Are you in compliance with the permissible use requirements in your agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", describe the issues and how/when they will be resolved:</p>
<p>4. Did you review all authorized users access and permissible uses? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain:</p>
<p>5. Did you have any data security breaches or permissible use violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes": (a) Did you notify DOL in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Describe the issues and how/when they will be resolved:</p>
Subscriber Requirements (if applicable) – Attach current Subscriber Roster to your return email
<p>6. Are you in compliance with the Subscriber Requirements in your agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", describe the issues and how/when they will be resolved:</p>
<p>7. Do you have a written subscriber agreement with each subscriber that sets forth the terms, conditions, permissible use and data security requirements in your agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain:</p>

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

Date and place (city or county) signed
DSC-425-041 (N/4/20)E

X

Authorized signature