

## Data Records Contract Application

Use this form to apply for a direct interface (web or SFT) with Department of Licensing (DOL) for data. We are committed to safeguarding Protected Personal Information and only release it as allowed by Washington State and federal laws. We strive to provide data on the timing you request but cannot guarantee when the file will be delivered. For public agencies, this application meets the requirements of RCW 39.34.240.

If your use of data is permissible under federal or state law, you will be contacted to schedule an interview to discuss the application. If your application is approved, you will be responsible for contract fees. This may include set up and data charges. You will be required to sign DOL's contract to receive data. Third-party data security and permissible use audits are done at regular intervals to verify you are compliant with your contract and Washington State law. You are 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) and [dol.wa.gov/privacy/how-we-use-your-info.html](http://dol.wa.gov/privacy/how-we-use-your-info.html).

Email this completed form to: [DataContracts@dol.wa.gov](mailto:DataContracts@dol.wa.gov).

Application must be filled out completely, including all attachments. Incomplete applications will be delayed or rejected.

<b>1–Applicant information</b>		
Business name		
Applicant type	EIN/UBI number	Business website
Doing business as (DBA) name, if applicable		
Physical address ( <i>Street address, City, State, ZIP code</i> )		
Mailing address if different ( <i>Address or PO Box, City, State, ZIP code</i> )		
Contact name	Email	10-digit phone number
List all subsidiaries and parent companies		
Former business name, if applicable		
Business description—Provide a detailed explanation of your primary business activities and how it relates to the data requested		
Answer the following 1. Are you applying for: <input type="checkbox"/> a new contract <input type="checkbox"/> an update to a current contract 2. If you are a public agency, are you inside the State Government Network (SGN)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2–Data requested</b>		
Type of data requested		
<input type="checkbox"/> Driver <input type="checkbox"/> Vehicle <input type="checkbox"/> Vessel <input type="checkbox"/> Manufactured home		
How often do you want the data?	If "Other," describe	

Definition

**“Protected Personal Information”** means collectively Personal Information and Identity Information, as defined by RCWs 46.04.209, 19.255.005 and 42.56.590, authorized for disclosure by the federal Driver Privacy Protection Act and state law.

**“Subrecipient”** means any entity outside your immediate organization that receives or has access to protected personal information including, but not limited to subsidiaries, subcontractors, requesters or agents.

**“Bona Fide Research Organization”** means an entity, such as a university, that conducts non-commercial research using established scientific methods. There must be an intention to publish the research findings for wider scientific and public benefit, without restrictions or delay.

**“Offshoring”** means the electronic or hardcopy transmission, accessing, viewing, capturing images, storage or processing of protected personal information outside the United States.

Answer the following

- 1. Are you requesting Protected Personal Information? . . . . .  Yes  No
- 2. Have you read the [contract template](#)? . . . . .  Yes  No
- 3. Will you redisclose or sell Protected Personal Information to any Subrecipients? . . . . .  Yes  No
- 4. Are you a consumer reporting agency? . . . . .  Yes  No

**3–Driver data records**

Data type

Abstract driver record (ADR) (select all that apply)

- Employment  Insurance  Transit  Volunteer organization  Transportation network companies  Monitoring
- Governmental  Other, list: \_\_\_\_\_

NOTE: If requesting ADRs, you must set up a banking account for automatic withdrawals.

Aggregate data–List data fields needed (i.e. name, address, height, weight, etc.)

Purpose for the data

Research  Governmental  Statistical reports  Other \_\_\_\_\_

If requesting Protected Personal Information, what law allows DOL to share this information with you? Explain, including citations to applicable law.

If “Research” was selected, answer the following:

- 1. What is the public benefit? \_\_\_\_\_
- 2. Have you submitted your research to an Institutional Review Board? . . . . .  Yes  No  
If “Yes,” what is the status? \_\_\_\_\_

NOTE: You may be required to provide us a copy of the results when the research is completed.

- 3. Will you redisclose or publish the data, or contact individuals about the data? . . . . .  Yes  No
- 4. Are you a Bona Fide Research Organization? . . . . .  Yes  No

If “Statistical reports” was selected, answer the following:

- 1. Will you redisclose or publish the data, or contact individuals about the data? . . . . .  Yes  No
- 2. Who will you provide the reports to and for what purpose?

Detailed description of why you need the data and how you will use the data

**4-Vehicle, Vessel, Manufactured home data records**

Purpose for the data (check all that apply)

- Parking (gov't only)       Tolling       Manufacturer recalls       Governmental       Towing
- Photo enhancement       Insurance       Research       Statistical reports
- Other \_\_\_\_\_

If requesting Protected Personal Information, what law allows DOL to share this information with you? Explain, including citation to applicable law.

If "Research" was selected, answer the following:

1. What is the public benefit? \_\_\_\_\_
2. Have you submitted your research to an Institutional Review Board? . . . . .  Yes  No  
If "Yes," what is the status? \_\_\_\_\_

NOTE: You may be required to provide us a copy of the results when the research is completed.

3. Will you redisclose or publish the data, or contact individuals about the data? . . . . .  Yes  No
4. Are you a Bona Fide Research Organization? . . . . .  Yes  No

If "Statistical reports" was selected, answer the following:

1. Will you redisclose or publish the data or contact individuals about the data? . . . . .  Yes  No
2. Who will you provide the reports to and for what purpose?

Detailed explanation of why you need the data and how you will use the data.

**5-Data security and permissible use requirements**

Requirements-Answer the following

1. Have you read DOL's Privacy and Security Requirements? . . . . .  Yes  No  
If "Yes," do you meet the Privacy and Security Requirements? . . . . .  Yes  No
2. Do you and your IT organization understand by receiving Protected Personal Information you are subject to data Privacy and Security Requirements and are required to pay for any audit costs? . . . . .  Yes  No
3. Do you and your IT organization understand the audit documentation and evidence of audit procedures must be submitted to DOL? . . . . .  Yes  No

Answer the following

1. Where will you store the data? Specifically include type of servers, name, city and state of secure data center. Do not include any information on vulnerabilities to your data security environment on this application. We will discuss in a teleconference during the review of your application.

2. Will you use a cloud service provider? .....  Yes  No  
 If "Yes," who is the supplier? \_\_\_\_\_  
 Where are the servers located? \_\_\_\_\_
3. Do you have a back-up system for the data? .....  Yes  No  
 If "Yes," where are they located? \_\_\_\_\_
4. Have you had a recent data security audit? .....  Yes  No  
 If "Yes," when? \_\_\_\_\_ What type of audit? \_\_\_\_\_  
 Were any deficiencies found? .....  Yes  No  
 If "Yes," have they been corrected? .....  Yes  No
5. Do you have a data flow chart you can make available upon request? .....  Yes  No
6. Do you have a privacy policy? .....  Yes  No  
 If "Yes," attach.
7. What cyber security industry standard do you use? \_\_\_\_\_
8. Are you or any of your Subrecipients Offshoring, as defined, Protected Personal Information?  Yes  No  
 If "Yes," where? \_\_\_\_\_
9. Will you comingle our data with information from other sources? .....  Yes  No  
 If "Yes", describe:
10. Will you link the records to any other records? .....  Yes  No  
 If "Yes," describe:
11. Describe in detail your plan to prevent unauthorized access or redisclosure.
12. Do you have a data disposal policy? .....  Yes  No  
 If "Yes," attach.
13. How long will you keep this data?
14. What is your plan for disposing of the data?

**6-Subrecipient redisclosure information**

Laws restrict redisclosure of Protected Personal Information obtained from data records. An authorized recipient may only redisclose information for a permissible use.

Answer the following-Provide specific and detailed explanations

1. What process do you use to screen Subrecipients?
  
2. How will you monitor Subrecipients to make sure they use Protected Personal Information appropriately?
  
3. How will you make sure Subrecipients meet DOL's Privacy and Security Requirements?
  
4. How will you transfer the data to Subrecipients? (Example: data held in a database that employer accesses, send an abstract driving record to the employer and retain the data, etc.)
  
5. Do you approve Subrecipients Offshoring of Protected Personal Information? . . . . .  Yes  No
6. Do you have data sharing agreements in place with Subrecipients? . . . . .  Yes  No  
If "Yes," provide a copy of the template.

**Attachments**

The following documents are attached:

- Business license (non-Washington businesses)
- Privacy policies
- Data disposal policy
- Subrecipients data sharing agreement template

**7-Certification**

Contract manager name	Title	Email	10-digit phone number
Compliance manager name	Title	Email	10-digit phone number
Technical contact name	Title	Email	10-digit phone number
Contract signer, if different than contract mgr.	Title	Email	10-digit phone number

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any Protected Personal Information from an individual's data record is subject to federal criminal fines and civil penalties under RCW 46.22.010.**

*By signing or typing my name, I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

\_\_\_\_\_ **X** \_\_\_\_\_  
Date and place (city or county) signed Contract manager or authorized representative signature