



Central

C O L L E G E

Cover Letter

Date: _____

Iowa Dept. of Transportation
Office of Driver Services
P.O. Box 9204
Des Moines, Iowa 50306-9204

Please provide a copy of my driving record and return to my college address below:

Full name: _____ (please print)

Central College
812 University

Campus Box: _____

Pella, Iowa 50219

Driver's License Number: _____

Date of Birth: _____

Enclosed please find my check for **\$5.50** payable to Treasurer, State of Iowa

Thank You,

Signature: _____



finding a
greener way



Iowa Department of Transportation

Office of Driver Services and Vehicle Services
Motor Vehicle Division

PRIVACY ACT AGREEMENT FOR REQUEST OF MOTOR VEHICLE RECORDS

<p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> • This Privacy Act Agreement for Request of Motor Vehicle Records must be completed and approved before a Requestor can obtain personal information or highly restricted personal information from the Iowa Department of Transportation. Only Requestors who meet the criteria outlined in Part C are eligible to obtain such information from the Iowa Department of Transportation. This Agreement must be completed with all required attachments before the Iowa Department of Transportation will consider a request for motor vehicle records. • Requestor must attach a legible photocopy of his or her driver's license or non-driver identification card. • Requestor must print his or her full name on each page of this Agreement. • An Iowa Department of Transportation employee will contact Requestor to advise Requestor whether the request is approved or denied. 	OFFICIAL USE ONLY:	
	Date Received: _____ / ____ / ____	Required: <input type="checkbox"/> Allowed: <input type="checkbox"/>
	Authorized Access For:	Personal Information: <input type="checkbox"/> Highly Restricted Personal Information: <input type="checkbox"/>
Authorized By:	DOT employee: _____ User ID given: _____ Password given: _____ VTN record given: <input type="checkbox"/> VTNP record given: <input type="checkbox"/> Record access given: <input type="checkbox"/> Photo File access given: <input type="checkbox"/> Requested Access denied: <input type="checkbox"/> Date access given/denied: _____ / ____ / ____ Legal Reviewer: _____ Date of review by Legal: _____ / ____ / ____	

PART A. REQUESTOR INFORMATION *(This Section Must Be Completed. Each blank space in this Part must be completed. If you do not provide information for a space, you must write "N/A" for "not applicable.")*

Please Check One Box:

I am requesting a copy of my own record.

I am requesting a copy of the record of another person, and I have attached their written consent.

Other – for all other record requests, you must initial at least one permissible use in Part C of this Agreement, and you must check at least one of the following boxes: I am making a one-time request, and I will use the record one time and for one purpose.

I am requesting on-line record access. (Skip Part B of this form if you are requesting record access).

I am requesting Photo File access. (Skip Part B of this form if you are requesting Photo File access).

Name of Requestor (Last)	(First)	(Middle Initial)
Address		Driver's License or Non-Driver ID Number
City	State	Zip Code
Email Address	Telephone Number () - -	Fax Number () - -
Requestor is an Authorized Representative of (List Name of Person or Entity):		D- List dealer number if dealership
Person/Entity Address	City	State Zip Code

PART B. INFORMATION REQUESTED *(Provide As Much Information As Possible If This Is A One-Time Request)*

Name (Last)	(First)	(Middle Initial)
Address	City	State Zip Code
Driver's License or Non-Driver ID Number	Date of Birth / /	Social Security Number - - Sex <input type="checkbox"/> M <input type="checkbox"/> F
Year and Make of Vehicle	Vehicle Title Number	
License Plate Number	Vehicle Identification Number (VIN)	

Print Requestor's Full Name:

PART C. USE

The Driver's Privacy Protection Act of 1994 (DPPA), 18 U.S.C. §§ 2721-2725, and Iowa Code section 321.11 regulate access to motor vehicle records. You **must** tell us why you want the records you are requesting. Sign your **initials** next to each use under which you claim access. The Iowa Department of Transportation reserves the right to request such additional information as may be necessary to determine whether you qualify for access.

1. _____	The Requestor is an employee of a federal, state, or local government agency, or a private person acting on behalf of a federal, state, or local government agency, and the records will be used to carry out the official functions of such federal, state, or local government agency. <i>(Please attach proof of Requestor's authority to act on behalf of a government agency).</i>		
	Name of agency:		Name of agency's DPPA contact:
Telephone number of DPPA contact: () - -		Email address of DPPA contact:	
2. _____	The records will be used in connection with a civil, criminal, administrative, or arbitral proceeding in federal, state, or local court or agency or before a self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, or local court. <i>(Please attach proof of the Requestor's status (e.g., a photocopy of an attorney's certificate of admission to bar) and court order, if applicable).</i>		
	Requestor is (check one): <input type="checkbox"/> attorney <input type="checkbox"/> represented litigant <input type="checkbox"/> pro se litigant <input type="checkbox"/> other (attach explanation)		
	If currently involved in a proceeding:	If anticipating litigation or proceedings:	If pursuant to a court order:
	Name of court, agency, or self-regulatory body:	Name of involved parties:	Name of court:
	Name of case or matter:	Expected forum:	Name of case or matter:
	Case/matter number:	Date of occurrence:	Case number:
3. _____	The Requestor is an agent, employee, or contractor of an insurer or insurance support organization, and the record will be used in connection with claims investigation activities, antifraud activities, rating, or underwriting. <i>(Please attach proof of the Requestor's status).</i>		
	Name of insurer or insurance support organization:		Name of insurer or insurance support organization's DPPA contact:
Telephone number of DPPA contact: () - -		Email address of DPPA contact:	
4. _____	The Requestor is an employer or its agent or insurer and the records will be used to obtain or verify information relating to a holder of a commercial driver's license that is required under 49 U.S.C. Chapter 313. <i>(Please attach proof of the Requestor's status).</i>		
	Name of employer:		Name of employer's DPPA contact:
Telephone number of DPPA contact: () - -		Email address of DPPA contact:	
5. _____	The records will be used in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. <i>(A written explanation detailing the reasons you contend that you qualify for access under this category must be attached to this Agreement).</i>		
6. _____	The records will be used in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of Title I and IV of the Anti Car Theft Act of 1992, the Automobile Information Disclosure Act (15 U.S.C. § 1231, et seq.), the Clean Air Act (42 U.S.C. § 7401, et seq.), and Title 49 chapters 301, 305, and 321-331. <i>(A written explanation detailing the reasons you contend that you qualify for access under this category must be attached to this Agreement).</i>		
7. _____	The records will be used to provide notice to owners (including lienholders) of towed or impounded vehicles.		
	Name of towing company:		Iowa license number:
Name of company's DPPA contact:		Telephone number of DPPA contact: () - -	Email address of DPPA contact:

Print Requestor's Full Name:

PART C (continued)

8. _____	The records will be used in the normal course of business by a legitimate business or its agents, employees, or contractors but only (i) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors, and (ii) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purpose of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.		
	Name of Business:	Name of business's DPPA contact:	Business tax ID number:
9. _____	The records will be used in research activities and for use in producing statistical reports, but the personal information in the records will not be published, re-disclosed, or used to contact the individual. <i>(A written explanation detailing the reasons you contend that you qualify for access under this category must be attached to this Agreement).</i>		
	Telephone number of DPPA contact: () - -	Email address of DPPA contact:	
10. _____	The Requestor is a licensed private investigative agency or licensed security service, and the Requestor will use the record for a permitted purpose. <i>(Photocopy of Iowa Private Investigator's License must be attached. Also, if you claim access under this paragraph, you must initial another paragraph indicating the permitted use, and you must provide any applicable attachments required therein).</i>		
	Name of private investigative agency or licensed security service:		Iowa license number:
	Name of agency or service's DPPA contact:	Telephone number of DPPA contact: () - -	Email address of DPPA contact:
11. _____	The records will be used in connection with the operation of a private toll transportation facility.		
	Name of private toll transportation facility:	Licensing entity and number:	
	Name of facility's DPPA contact:	Telephone number of DPPA contact: () - -	Email address of DPPA contact:

Penalty: Title 18, United States Code, section 2723 provides that anyone who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under 18 U.S.C. § 2721, shall be liable to the individual to whom the personal information pertains, including an award of the greater of actual damages or liquidated damages of \$2,500.00 for each violation, punitive damages upon proof of willful or reckless disregard of the law, reasonable attorneys' fees and other litigation costs, and such other equitable relief as the court may order. Anyone requesting the disclosure of personal information who misrepresents his or her identity or makes a false statement in connection with any request for personal information with the intent to obtain personal information in a manner not authorized by law shall be subject to criminal prosecution.

Print Requestor's Full Name: _____

PART D. CERTIFICATION (This Section Must Be Completed)

By **signing** this Privacy Act Agreement Request for Motor Vehicle Records and **initialing** each item below, I, the Requestor, certify that:

_____ 1. I am familiar with all provisions of the federal Driver Privacy Protection Act of 1994, 18 U.S.C. §§ 2721-2725, and Iowa Code section 321.11, which limit access to personal information and highly restricted personal information from the Iowa Department of Transportation's motor vehicle records.

_____ 2. I understand that "personal information" means information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. I further understand that "highly restricted personal information" means an individual's photograph or image, social security number, and medical or disability information.

_____ 3. I will abide by the terms of federal and state law, including, but not limited to, those laws restricting access to personal information and highly restricted personal information from the Iowa Department of Transportation's motor vehicle records only to those persons and for those purposes which are permitted under both laws, and for no other purpose.

_____ 4. I understand that I am prohibited from re-disclosing the information I obtain from the Iowa Department of Transportation pursuant to this Agreement, except in accordance with applicable law.

_____ 5. I will keep a record for five (5) years of the following: (1) all persons to whom I re-disclose or re-sell information obtained under this Agreement, and (2) the purpose for which the information is to be used. I agree to make such records available to the Iowa Department of Transportation upon request.

_____ 6. I shall be liable for, and shall indemnify, defend, and hold harmless the Iowa Department of Transportation, its agents, officers, and employees for, any misuse or misappropriation of any personal information in a record obtained from the Iowa Department of Transportation in connection with this Agreement, including misuse or misappropriation by any of my employees, servants, agents, or contractors.

_____ 7. I shall further indemnify, defend, and hold harmless the Iowa Department of Transportation, its agents, officers, and employees, for and against any and all losses, damages, judgments, liabilities, or similar costs and expenses which arise in whole or part out of my acts or omissions with respect to laws restricting access to and disclosure of motor vehicle records including, without limitation, reasonable attorneys' fees and all other costs of defending against such action or claim.

_____ 8. I have attached a legible photocopy of my driver's license or non-driver identification card.

_____ 9a. In executing this Agreement, I am acting on my own behalf, and not as an employee, agent, officer, conservator, attorney-in-fact, or other representative or official capacity for another person or entity. (If you initial this paragraph, skip paragraph 9b. If you do not initial this paragraph, please continue to paragraph 9b.)

_____ 9b. In executing this Agreement, I am acting as an employee, agent, officer, conservator, attorney-in-fact, or other representative or official capacity for another person or entity. I have proper authority to execute this Agreement on behalf of such person or entity, and to bind such person or entity to the requirements of this Agreement, including, but not limited to, the requirements of paragraphs 3, 4, 5, 6, and 7 of this Part D. My execution of this agreement is my free and voluntary act and the free and voluntary act of such person or entity, and so binds such person or entity. (If you do not have proper authority to execute this Agreement on behalf of such person or entity, do not initial this paragraph and do not execute this Agreement. The Agreement should be executed on behalf of another person or entity only by a person with proper authority to do so. If you initialed this paragraph, you must provide your title or representative/official capacity on the line below.)

Title or representative/official capacity: _____

_____ 10. I understand that, if the Iowa Department of Transportation grants me access to Motor Vehicle Records by way of this Agreement, and then, at any time thereafter, finds that I have misused or misappropriated such records, the Iowa Department of Transportation may, with or without notice to me, terminate my access to such records.

The Iowa Department of Transportation reserves the right to request additional information to determine proper authority to execute and enter into this Agreement.

I certify under the penalty of perjury and pursuant to the laws of the State of Iowa that all information completed and contained in Parts A, B, C, D, and any attachments hereto, is true and correct.

I so certify this _____ day of

Requestor's Signature

_____, 200__.

Please Print Requestor's Full Name

This Privacy Act Agreement For Request of Motor Vehicle Records replaces all previous Privacy Act Agreements on file with the Iowa Department of Transportation.