



New York State Department of Motor Vehicles

**DIAL- IN DISPLAY &
MAIL ORDER SEARCH ACCOUNT**

<http://www.nvsgdmv.com/dialin.htm>
dialin@c1mv.state.nv.us

Application for Government Organizations and Volunteer Fire Companies

This form is for use by public sector organizations such as federal, state, county or local government offices, public authorities, and for volunteer fire companies. As provided by Section 202 of the NYS Vehicle and Traffic Law, DMV may perform searches or provide copies of documents without charge to any public officer, board or body or volunteer fire company only if such information is to be used for a public purpose,

To open a Dial-in Display and Mail Order Search Account, you must:

- Complete all sections of this form.
- Sign the certification and have the form notarized.
- Send the form to: DATA SERVICES - NEW DIAL-IN ACCOUNT
NYS DEPARTMENT OF MOTOR VEHICLES
6 EMPIRE STATE PLAZA, RM 430
ALBANY NY 12228

ACCOUNT INFORMATION
(Please Print or Type)

Organization Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Contact Person: _____

Telephone: _____ - _____ - _____ Ext. _____ Fax: _____ - _____ - _____ (optional)

E-Mail Address: _____ (optional)

Federal Employer ID Number:

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Please describe in detail, how you plan to use the information from searches of DMV's records: _____

If your organization, or any principal, agent, officer or employee associated with your organization, has ever had a search account with DMV closed or terminated, please provide the account number(s): _____

CERTIFICATION

The Federal Driver's Privacy Protection Act (DPPA) (18 U.S.C. Sec. 2721 *et seq.*) permits government agencies and private persons or entities acting on their behalf, access to motor vehicle records for use in carrying out agency functions. Your signature indicates that you, the applicant (and your officers, agents, partners, owners and employees), have read and will comply with the DPPA, that you are a public officer or you represent a public board or body, and that you agree to abide by the following terms of service:

1. You will only perform searches of DMV for use in carrying out your agency's functions.
2. You will notify DMV in writing, within 30 days, if there is any change in the information you have provided in this application. You will file a replacement for this application within 60 days of any such request by DMV.
3. You will maintain records of the searches you perform using Dial-In. Each record must indicate: the date of your search and the name, license number, plate number or VIN you searched for. You will maintain each record FOR FIVE YEARS after the date of your search. The records must be available to DW upon request for audit purposes. The records must be organized to permit retrieval by the name, license number, plate number or VIN you searched for. If you do not maintain an office location within New York State, you will forward all records requested to the place and location designated by the Department. The location where you will keep records of searches is:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Ext. _____ Fax: _____ - _____ - _____ (optional)

E-Mail Address: _____ (optional)

4. If you share personal information from DMV with a recipient outside your organization, you will collect from that recipient an agreement identifying the recipient and specifying their DPPA Permissible Use for the information. You will retain the agreement FOR FIVE YEARS after the date when you last shared DMV records with the recipient. You will make the agreement available to DMV for audit purposes.
5. You will not represent yourself as an agent or employee of the DMV.
6. You will defend, hold harmless and indemnify the DMV and its employees or agents from all claims, actions, damages, or losses which may be brought or alleged against them for your negligent, improper, or unauthorized use or dissemination of information provided by the Department.
7. New York State will not be responsible for any omissions or errors in the information furnished to you.

8. The Commissioner may terminate this agreement at his/her discretion. Reasons for termination include and are not limited to: false statements made by you; concealment of material facts in connection with this application; and violation of any of the terms of service above.

9. This agreement is not transferable.

Your Signature: _____ Date: _____
(Sign in the presence of a notary)

TO BE COMPLETED BY NOTARY

STATE OF _____ COUNTY OF _____

On _____, before me personally came _____
(Date) *(Person who signed above)*

to me known and, who by me being duly sworn, deposes and says: that he/she works/resides at _____
(Address)

(Address)

and that he/she signed his/her name thereto.

Notary Public