



RECORDS ACCOUNT PACKAGE INSTRUCTIONS

The Department of Motor Vehicles is authorized to maintain an information reporting service for driver's license and vehicle registration/title records.

Pursuant to NRS 481.063 Nevada law requires all requesters applying for an account to meet the following criteria:

- Complete, sign, and date application
- Complete, sign, date, and have notarized affidavit stating understanding of Nevada Revised Statute 481.063 (IR-003)
- Mail completed application, affidavit, and required documents to the Records Section

Required Documents, if applicable:

- Copy of current Business or State License. If business is located in Nevada – must provide State of Nevada business license.
- Fictitious Firm Name (FFN) certificate if DBA is listed
- Private Investigators must submit a copy of their P.I. license.
- Attorneys must submit documentation showing they are licensed to practice law.
- Insurance companies or businesses requesting information on behalf of an insurance company must furnish their National Association Insurance Commissioner (NAIC) number.
- Articles of Incorporation
- Letter of Authorization (for 3rd-party businesses, 3 letters of reference are needed)
- Any other documentation deemed necessary by the Department

Governmental Entities:

- Include the following statement on letterhead: "The information obtained will be used solely for carrying out official functions."

Upon receipt of the application by the Records Section, your request will be reviewed and you will be notified by letter of approval or denial of your request. Upon approval, you will be given your assigned account number. This number is to be used for identification purposes whenever service is requested. Account payments are due within 21 days from the date of the billing statement.

Enclosed is an application, affidavit, guidelines, and fee schedule for your use and information. Any questions regarding the requesting of Department information may be directed to the Records Section in writing at the above address, by telephone at (775) 684-4590 or through our website at dmv.nv.gov.

Pertinent NRS related to this form are listed below:

NRS 205.240, NRS 205.345, NRS 205.380, NRS 205.445, NRS 253.0415, NRS 253.220, NRS 481.063, NRS 482.170, NRS 483.290, NRS 483.291, NRS 483.294, NRS 483.855, NRS 483.937, NRS 485.313, NRS 485.316, NRS 490.060



APPLICATION FOR COMMERCIAL RECORDS ACCOUNT

Open Records Account

One-Time Records Request

1.	Corporation/Business Name:				
2.	DBA: (if applicable)				
3.	Federal Employer Identification Number (FEIN):				
4.	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Government Entity <input type="checkbox"/> Other				
5.	Incorporation Effective Date: _____ Incorporation State: _____ <small style="margin-left: 150px;">mm/dd/yyyy</small>				
6.	Full Legal Name of Owners/Corporate Officers/Appointing Authority for Government Entities (if additional lines are needed, please attach a separate document):				
	Last Name	First Name	M.I.	Title (Check One)	Phone Number
				<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> Other:	
				<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> Other:	
7.	Business Physical Address:				
	Address		City	State	Zip
8.	Business Mailing Address:				
	Address		City	State	Zip
9.	Business E-mail Address:				
10.	Business Fax Number: () -				
11.	Primary Point of Contact:				
	Name		()	-	Phone Number
12.	Secondary Point of Contact:				
	Name		()	-	Phone Number
13.	Accounts Payable Name (if applicable):				
	Name		()	-	Phone Number
14.	IT Contact Name:				
	Name & Email Address		()	-	Phone Number
15.	NAIC Number (Insurance):				
16.	Type of business:				
17.	List specific information requested:				
18.	Reason/need for information:				



19.	How information will be used:						
20.	Previous Nevada DMV Records Account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name? Account Number: When?						
21a.	I hereby certify the above information is true and correct, and the information obtained will be used for the purpose stated above and in accordance with the Driver's Privacy Protection Act and NRS 481.063. It is further agreed payment on this account will be made within twenty-one (21) days of the billing date and, if required, a bond insuring payment of the account will be posted.						
	<table border="0" style="width:100%"> <tr> <td style="width:70%">Signature of Owner/Corporate Officer</td> <td style="width:30%">Date</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Printed Name of Owner/Corporate Officer</td> <td>Title</td> </tr> </table>	Signature of Owner/Corporate Officer	Date			Printed Name of Owner/Corporate Officer	Title
Signature of Owner/Corporate Officer	Date						
Printed Name of Owner/Corporate Officer	Title						
21b.	<table border="0" style="width:100%"> <tr> <td style="width:70%">Signature of Primary Point of Contact</td> <td style="width:30%">Date</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Printed Name of Primary Point of Contact</td> <td>Title</td> </tr> </table>	Signature of Primary Point of Contact	Date			Printed Name of Primary Point of Contact	Title
Signature of Primary Point of Contact	Date						
Printed Name of Primary Point of Contact	Title						
21c.	<table border="0" style="width:100%"> <tr> <td style="width:70%">Signature of Secondary Point of Contact</td> <td style="width:30%">Date</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Printed Name of Secondary Point of Contact</td> <td>Title</td> </tr> </table>	Signature of Secondary Point of Contact	Date			Printed Name of Secondary Point of Contact	Title
Signature of Secondary Point of Contact	Date						
Printed Name of Secondary Point of Contact	Title						

Please note: Payment in full is due at the time record requests are submitted, except for requests charged to a Records Account. Monthly invoices will be issued for Records accounts and payment in full is due within 21 days of the billing date. If your account is suspended for non-payment, you will be required to pay not only the past due amount, but any current invoice amounts before any further business can be conducted with the Department. In addition, per NRS 353C, your account will be turned over to a private collection agency. Accounts referred for private collection may be required to pay a private collection fee. Accounts referred to the collection agency will remain suspended until proper notification of payment in full is received directly from the collection agency.



OFFICE USE ONLY

Reviewed By: _____

Date: _____

Denied: _____ Accepted: _____ Pending: _____ Updated: _____

Comments:

Type of Account:

- | | | | | |
|----------------------------------|--|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> FTP | <input type="checkbox"/> Overnight Batch | <input type="checkbox"/> Vquest | <input type="checkbox"/> Web Portal | <input type="checkbox"/> Hidden Driver Extract |
| <input type="checkbox"/> VR File | <input type="checkbox"/> DL File | <input type="checkbox"/> Smog Extract | <input type="checkbox"/> Title File | <input type="checkbox"/> Other |

Run Frequency:

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Semi-Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Upon Request | <input type="checkbox"/> Other: | | | |

Account No.



Instructions - Application for Commercial Records Account (IR008)

1.	Official legal business name or name of corporation (all corporation types, LLCs, LLPs)
2.	“Doing Business As” Name: If opening an account using a DBA or Fictitious Firm Name (FFN), provide a copy of the Fictitious Firm Name certificate.
3.	Federal Employee Identification Number or N/A if your business is a sole proprietorship and does not have an FEIN
4.	Check the applicable business type <ul style="list-style-type: none"> • Corporation: All corporation types (S. Corp, Publicly Traded Corp, Privately Held Corp) • Individual: Sole proprietorships and unincorporated partnerships • LLC: Limited Liability Company • LLP: Limited Liability Partnership • Government Entity: City, County, State, and Federal entities • Other: Any business entity not listed above
5.	Incorporation Effective Date: Date of Incorporation for all corporation types and/or date of formation for LLCs and LLPs Incorporation State: State of incorporation for all corporation types and/or state of formation for LLCs and LLPs
6.	Full Legal Names, Titles, and Phone Numbers for: Corporations of all types: Corporate Officers Individual: Names of Sole Proprietors/Unincorporated partnerships LLC: Managing Members/Members/Officers LLP: Managing Partners/Partners Governmental Entity: Director, Agency Head, Appointing Authority, etc. Other: Other responsible party(s)
7.	Business Physical Address
8.	Business Mailing Address
9.	Official Business E-mail Address
10.	Fax Number: Business Fax Number for sending/receiving record requests
11.	Primary Point of Contact has the authority to make changes to the account, add or delete users, and receive information.
12.	Secondary Point of Contact has the same authority as the Primary Point of Contact, once appointed by the owner or primary point of contact.
13.	Accounts Payable Name has permission to receive billing information only.
14.	IT Contact Name is the information technology person with the authority to communicate with DMV for programming purposes only.
15.	NAIC Number: 5-digit number given to insurance companies/ reps by the National Association of Insurance Commissioners.
16.	Type of Business (i.e., Insurance company, auto repair, tow company, attorney, etc.)
17.	List specific information requested (i.e., D1, D3, V3, S4, etc.). Refer to guidelines for Records inquiries IR-005.
18.	Provide specific details on why information is needed.
19.	Provide specific details on how the information you receive from DMV will be used.
20.	Check Yes if you/your business have previously had an account and answer the subsequent questions. Check No if you/your business have not previously had an account with Nevada DMV Records.
21.	Box 21a must be signed by one owner/corporate officer. Box 21b must be signed by the Primary. Box 21c must be signed by the Secondary. Printed names and titles are also required for all signatories.
FORM IR003	Form IR003 must also be completed. Corporation, Individual, LLC, or LLP: Affidavit must be signed by one owner/corporate officer. Governmental entity or Other: Affidavit must be signed by responsible party, listed in box 6.



AUTHORIZED USERS LIST

No changes from previous year's Authorized Users List

Account Name _____

Please list users that will be added or deleted; all users not listed will remain active.

(Please Check) Account Privileges

- | | | | |
|---|-------------------------------------|--|------------------------------|
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> IT Contact | <input type="checkbox"/> Authorized User | <input type="checkbox"/> All |
| <input type="checkbox"/> Add | <input type="checkbox"/> Delete | | |

Name _____ Phone Number _____

(Please Check) Account Privileges

- | | | | |
|---|-------------------------------------|--|------------------------------|
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> IT Contact | <input type="checkbox"/> Authorized User | <input type="checkbox"/> All |
| <input type="checkbox"/> Add | <input type="checkbox"/> Delete | | |

Name _____ Phone Number _____

(Please Check) Account Privileges

- | | | | |
|---|-------------------------------------|--|------------------------------|
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> IT Contact | <input type="checkbox"/> Authorized User | <input type="checkbox"/> All |
| <input type="checkbox"/> Add | <input type="checkbox"/> Delete | | |

Name _____ Phone Number _____

(Please Check) Account Privileges

- | | | | |
|---|-------------------------------------|--|------------------------------|
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> IT Contact | <input type="checkbox"/> Authorized User | <input type="checkbox"/> All |
| <input type="checkbox"/> Add | <input type="checkbox"/> Delete | | |

Name _____ Phone Number _____

(Please Check) Account Privileges

- | | | | |
|---|-------------------------------------|--|------------------------------|
| <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> IT Contact | <input type="checkbox"/> Authorized User | <input type="checkbox"/> All |
| <input type="checkbox"/> Add | <input type="checkbox"/> Delete | | |

Name _____ Phone Number _____

 SIGNATURE OF POINT OF CONTACT/OWNER/CORPORATE OFFICER DATE

Select the box for 'No Changes' if there are no changes.

If you would like to keep the existing Authorized User List but add or delete users, please indicate this to ensure current users are not removed.

An updated authorized users list must be submitted when an authorized user leaves or is hired.

Primary Point of Contact has the authority to make changes to the account, add or delete users, and receive information.

Secondary Point of Contact has the same authority as the Primary Point of Contact, once appointed by the Primary Point of Contact.

Authorized User is limited to 25 and has permission to obtain information on the account's behalf, based on account privileges.

Accounts payable has permission to receive billing information. This person along with the Primary and Secondary Points of Contact have permission to receive billing information.

IT Contact is your information technology person DMV communicates with for programming issues only.

ACCOUNT NO. _____



State of _____
County of _____

AFFIDAVIT

Being first duly sworn under penalty of perjury I hereby state:

- (a) I submit I have been duly authorized to represent myself or organization(s) for which I enter into this binding agreement. Subsequently I have read, fully understand, and agree to abide by the laws and regulations now in effect and hereinafter enacted or adopted regarding the manner in which personal information from the State of Nevada Department of Motor Vehicles ("Department") driver's license, registration files, and records may be obtained and the limited uses which are permitted.
(b) I understand that any sale or disclosure of information so obtained must be in accordance with the provisions of this section. Specifically, I must keep records of such sale or disclosure for five years for Department inspection, and that such sale or disclosure may only be for a use permitted under law. This duty extends to all authorized persons, subcontractors, agents, and employees of the Vendor.
(c) I understand that a record will be maintained by the Department of any information which I request.
(d) I understand that a violation of the provisions of NRS 481.063 and NRS 485.316 is a criminal offense, up to and including a category D felony for which a court shall sentence a convicted person to imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 4 years. In addition to any other penalty, the court may impose a fine of not more than \$5,000 unless a greater fine is authorized or required by statute. Specifically, it is unlawful to make a false representation to obtain any information from the Department, or to knowingly obtain or disclose any information from the files or records of the Department for any use not permitted by the provisions of this chapter.
(e) I understand that I and the organization(s) I represent shall keep all data, information, reports, tests, manuals, instructions, plans, system designs, computer codes, and any documents or drawings that are related to infrastructure security received from the Department or created by the agency as necessary to render performance under this Agreement, strictly confidential. Except for the sharing of information among law enforcement agencies for law enforcement purposes under NRS 481.063 Section 6, I agree and hold accountable any vendors, contractors, subcontractors, agents, outsourcers, and auditors as disclosed as part of the initial contract agreement with the Department. I will not disclose any of the items as referenced in this subsection to a person who is not a party to this agreement absent the express written consent of the Department. I further understand and agree that the Department may be required to disclose, in certain instances, some of the above items in compliance with Nevada Public Records Law, and these instances do not change my or my organization's obligations to maintain confidentiality as set out above. The confidential items, as set out above, specifically include, but are not limited to, the following items:
1) Information regarding defense in-depth strategies, Information Security Policies, Information Security Plans, Intrusion Protection/Prevention systems, access control measures, network and/or systems architecture, security passwords, security access codes, and security programs; access codes for software applications; and security procedures, processes, and recovery plans.
2) Specific data collected in preparation of connection to the Department's infrastructure or information essential to the Department's information security.
3) Security testing results, especially if the results identify specific system vulnerabilities.

I also agree and understand that this confidentiality provision's purpose is to prevent public disclosure that may have an impact on public safety or security, including but not limited to security of personally identifiable information (PII). In addition to any other indemnification agreements contained in this Affidavit, I further agree to indemnify, hold harmless, and defend the Department from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, based on the agencies release of the aforementioned items. If I must disclose some of the above items to a third party, I shall obtain the written consent of the Department and the third party must agree, in writing, to the terms of this provision. The terms of this provision shall survive the completion of performance under this Agreement and/or the termination of this Agreement.

I attest to the fact that I am an authorized representative for myself or of the requesting organization. I declare under penalty of perjury that the foregoing is true and correct. Signatures must be original. Photocopies are not acceptable.

DATED this _____ day of _____, (20 ____)

Signature of Applicant Printed Name and Title (if applicable) of Applicant

Signed and sworn to before me this _____ day of _____, (20 ____)

By _____

NOTARY Public or Authorized Nevada DMV Representative (Notary Seal)



COMMERCIAL SALES FEES

TOTAL FILE / PARTIAL FILE

1 ST request =	\$2,500
2 ND request within 12 months =	\$2,000
3 RD and subsequent requests within 12 months =	\$1,500

FTP Monthly conviction extract
 \$5.00 Fee per conviction + \$1.00 Technology Fee per file.

Governmental Agencies = \$150

WEB SERVICE

Web Service 3 year MVR
 \$7.00 + \$1.00 technology fee = total of \$8.00 per record in.

Registration and Title Web Service
 \$5.00 Registration + \$5.00 Title = \$10.00 Registration and Title

STATISTICS

No breakdown	=	\$200
Two breakdowns	=	\$250
Three breakdowns	=	\$300

More than three breakdowns = requester must purchase entire or partial file and pay appropriate fees.

Commercial sales fees are subject to change.