



Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

COMMERCIAL REQUESTER AD-HOC REQUEST FORM/AGREEMENT

Purpose: Use this form when requesting ad-hoc data files.
Instructions: Email the completed form to useagreement@dmv.virginia.gov.

SECTION A. BUSINESS REQUESTOR INFORMATION

BUSINESS NAME		PHONE NUMBER	
CONTACT PERSON NAME / TITLE	PHONE NUMBER	FAX NUMBER	
FEDERAL ID NUMBER	EMAIL ADDRESS		
MAILING ADDRESS	CITY	STATE	ZIP CODE

SECTION B. BUSINESS REQUESTOR TYPE

<input type="checkbox"/> Individual	<input type="checkbox"/> Private Investigator	<input type="checkbox"/> Dealer
<input type="checkbox"/> Compliance Agent	<input type="checkbox"/> Other: (Identify below)	
IF OTHER, IDENTIFY TYPE		

SECTION C. TYPE OF INFORMATION REQUESTED

SELECT APPLICABLE INFORMATION TYPE(S) BELOW

Select all that apply below AND identify proposed use for each type of information selected.

- ☐ Driver Information
☐ Vehicle information which includes vehicle description, title, registration and vehicle activity.
☐ Personal information, as defined in § 2.2-3801.
☐ Other (please describe) _____

		DMV USE ONLY
1. IDENTIFY PROPOSED USE		PROPOSED USE APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No REASON CODE
2. IDENTIFY PROPOSED USE		PROPOSED USE APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No REASON CODE
3. IDENTIFY PROPOSED USE		PROPOSED USE APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No REASON CODE

CERTIFICATION

I, the undersigned, certify and affirm that: 1) I am a duly authorized representative of the above business or entity; 2) I am authorized to submit ad-hoc request(s) to DMV for the purpose stated in this request; 3) all information presented in this form is true and correct; and 4) I agree that the information I obtain is confidential and privileged and may be used only for the permissible purpose stated in this agreement. I understand that knowingly making a false statement or representation on this form is a criminal violation, and that this request upon signature, becomes an agreement between DMV and the undersigned.

REQUESTOR NAME (print or type)		REQUEST DATE (mm/dd/yyyy)
SIGNATURE		
TELEPHONE NUMBER	FAX NUMBER	BUSINESS EMAIL ADDRESS