

APPLICATION FOR C.A.I.R. (Limited Online Access Program) FOR MOTOR VEHICLE RECORDS

ALL PAGES MUST BE COMPLETED AND SUBMITTED (ALONG WITH THE SEPARATE TECHNOLOGY QUESTIONNAIRE) FOR THE REQUEST TO BE CONSIDERED.

SIGNATURE IS REQUIRED ON THE LAST PAGE.

Once completed, mail this form to the New Jersey Motor Vehicle Commission (MVC), Business & Government Services unit at the above address. A copy of the Certification of Incorporation and, if a Private Investigator, a copy of an unexpired PI license must be attached for the MVC to consider this application.

Please Check One: New Application Revised Application Renewal Application Online Account #:

Company Information			
Company Name:			
Federal Tax ID#:	Company Phone #:		Company Fax #:
Street Address:			
City:		State:	Zip Code:
Does this company do business under any other names?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, please list any other names:</i>
Have any of the owners/principals of this company ever had their ability to obtain records from the State of New Jersey or any other jurisdiction suspended or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, please state when, the name of the owners/principals, and the state where suspended or revoked:</i>
Have any of the owners/principals of this company ever been convicted of any crime arising out of fraud or improper use/release of Personal Information? *	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, please state the nature of the conviction, the date of conviction, and the jurisdiction:</i>
Does this company have any subsidiary or parent companies purchasing information directly from the MVC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, please provide information in the "Parent Company/Subsidiary/Related Entity" section that follows.</i>
Nature of Business Activity:			
Contact Information (Address where correspondence will be sent)			
Contact Administrator Name:			
Company Phone #:		Company Email Address:	
Street Address:			
City:		State:	Zip Code:

* Personal Information is defined as information that identifies an individual, including an individual's photograph; social security number; driver identification number; name; address other than the five-digit zip code; telephone number; and medical or disability information, but does not include information on vehicular accidents, driving violations, and driver's status.

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Parent Company / Subsidiary / Related Entity Information						
Company Name Shown on MVC Application:						
MVC Account Number (if applicable):			Relationship to Applicant Company:			
Street Address:						
City:		State:			Zip Code:	
Is this business now or has it ever been suspended from purchasing MVC information?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has this business ever had its ability to purchase MVC information permanently revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Accessing Information						
Will you be submitting: (please select one)		Individual Requests <input type="checkbox"/>		OR	Batch Requests (250+ = Batch) <input type="checkbox"/>	
Type of access requested: (select all applicable)	5-Year Driver History <input type="checkbox"/>	Full Driver History <input type="checkbox"/>	Registration Inquiry <input type="checkbox"/>	Title History <input type="checkbox"/>	Title Inquiry <input type="checkbox"/>	Driver Status <input type="checkbox"/>
State this company's intended use for each category of data requested from the Motor Vehicle Commission. Attached additional sheets if necessary. (please be specific).						
Anticipated number of employees that will access the online system: (Please provide a complete list of employees who will have access)	Where will users access the online system?		Office <input type="checkbox"/>	Home <input type="checkbox"/>	Both <input type="checkbox"/>	
Is this company reselling or redisclosing, or intending to resell or redisclose the MVC records obtained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, please provide:</i> a) A list of third-parties/end-users to whom MVC data will be resold or redisclosed, mailed to the above address or emailed in MS Excel format to MVC.CAIR@mvc.nj.gov . b) A separate document detailing the procedures/methods this company will use to monitor the use of the information to ensure that third-parties/end-users comply with the federal and New Jersey Drivers' Privacy Protection Act.			
Does this company intend to utilize MVC records to surveil, investigate, or locate individuals for non-motor vehicle related activities such as immigration enforcement, domestic disputes, or matchmaking services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>If yes, please provide a separate explanation of what type of activities this company will be engaging in that requires surveillance, investigation, or location of individuals.</i>			
Is this company now or has it ever been suspended from purchasing MVC information?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has this company ever had its ability to purchase MVC information permanently revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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CERTIFICATION OF REQUESTOR

PLEASE READ AND INITIAL NEXT TO THE CATEGORY(IES) THAT APPLIES TO THIS COMPANY'S SPECIFIC USE OF THE MVC DATA AND SIGN AND DATE THE CERTIFICATION.

USES PERMITTED BY N.J.S.A. 39:2-3.4(c)

_____ For use by any government agency including any court or law enforcement agency carrying out its functions, or any private person or entity acting on behalf of a federal, State or local agency in carrying out its functions.

_____ For use 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 the removal of non-owner records from the original owner records of motor vehicle manufacturers.

_____ For use in the normal course of business by a legitimate business or its agents, employees or contractors, but only;

1. to verify the accuracy of personal information submitted by the individual to the business or agents, employees or contractors; and
2. if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against the individual.

_____ For use in connection with any civil, criminal, administrative or arbitral proceeding in any federal, State or local court or agency or before any self-regulating body, including 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.

_____ For use in educational initiatives, research activities, and in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals and, in the case of educational initiatives, only to organ procurement organizations as aggregated, non-identifying information.

_____ For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.

_____ For use in providing notice to the owners of towed or impounded vehicles.

_____ For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the "Commercial Motor Vehicle Safety Act," 49 U.S.C. App. §2710 et seq.

_____ For use in connection with the operation of private toll transportation facilities.

_____ For use by an organ procurement organization designated pursuant to 42 U.S.C. §1320b-8 to serve in the State of New Jersey, or any donor registry established by any such organization, exclusively for the purposes of determining, verifying, and recording organ and tissue donor designation and identity.

I hereby certify that the foregoing statements and submitted supporting lists and documents are true. I understand that if any of the statements or submitted supporting lists and documents are willfully false, I am subject to punishment. I have read the federal and New Jersey Drivers' Privacy Protection Act (18 U.S.C. 2721 to 2725 and N.J.S.A. 39:2-3.2 to 3.6) and I have initialed all the permitted purposes that apply to my request for online access. I will only use personal information contained in records I have requested as permitted by the Drivers' Privacy Protection Act and the MVC.

 Name and Title of Authorized company Representative
 (Print Name)

 Name of Company

 Signature of Authorized Company Representative
 (Original Signature)

 Date

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ONLY COMPLETE IF REQUESTING TITLE HISTORY TITLE (OWNERSHIP) HISTORY – APPROVAL GUIDELINES

It is MVC's responsibility to ensure that the integrity of Title (Ownership) History database is not compromised, therefore, approval of this feature will only be granted when the following documentation is provided to the MVC:

- An original letter from any/all Insurance Company(s) indicating that you have been hired and/or authorized by them to conduct automobile insurance fraud investigations on the Insurance Company's letterhead signed by an executive of the Company; and
- Completion of the below Certification.

CERTIFICATION FOR USE OF TITLE (OWNERSHIP) HISTORY

I certify that the Title (Ownership) History will only be used in conjunction with automobile insurance fraud investigations on behalf of the insurance companies for which,

_____, is entitled to do
(Applicant Company Name Here)

business as evidenced by the attached letter(s) supplied to MVC.

Name: _____
(Please print)

Signature: _____

Date: _____