

**Application to Program for Access to Motor Vehicle Records In Support of Insurance Claims Investigations**

**ALL PAGES MUST BE COMPLETED AND SUBMITTED FOR YOUR 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. If you are a private investigation company, you must attach a copy of your valid private investigation license, a letter on insurance company letterhead or a signed agreement showing that you have been retained to perform motor vehicle claim related investigations by an insurance company and, a list (along with a photo copy of each driver license) on your letterhead of all employees authorized to submit requests under this program. If you are an employee of an insurance company, you must attach a list (along with a photo copy of each driver license) on company letterhead of all employees authorized to submit requests under this program.

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

**Company Information**

Company Name:			
Federal Tax ID#:	Company Phone #:	Company Fax #:	
Street Address:			
City:	State:	ZIP Code:	
Do you do business under any other names?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list any other names:
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"/>	If yes, please state when, in what jurisdiction and the name of the company:
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"/>	If yes, please state when, in what jurisdiction and the nature of the conviction:
Do you have any subsidiary company or a parent company with subsidiary companies purchasing information directly from the MVC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide information in the "Parent Company/Subsidiary/Related Entity" section that follows.
Nature of Business Activity:			

**Contact Information**

Contact Administrator Name:		
Driver License Number:	Company Phone #:	Company Email Address:
Street Address:		
City:	State:	ZIP Code:

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Accessing Information					
In your own words, state your intended use of information obtained from the Motor Vehicle Commission ( <i>please be specific</i> ).					
Parent Company / Subsidiary / Related Entity Information					
Company Name Shown on MVC Application:					
MVC Account Number (if applicable):			Relationship to Your 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"/>		
Company Name Shown on MVC Application:					
MVC Account Number (if applicable):			Relationship to Your 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"/>		
Are there more than two companies? (Please attach additional pages)		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**CERTIFICATION OF APPLICANT**

*I hereby certify that the foregoing statements and submitted supporting documents are true. I understand that if any of the statements or submitted supporting documents are willfully false, I am subject to penalties. I have read N.J.S.A. 39:2-3.3, et. seq. ("Drivers' Privacy Protection Act") and I certify that I am requesting access to this program for the purpose of obtaining records only for the purpose of investigating insurance claims pursuant to N.J.S.A. 39:2-3.4 c (6). I will only use any personal information contained in any records I have requested as permitted by the Drivers' Privacy Protection Act. If I am applying as a private investigator I also certify that I am obtaining records only for the purpose of investigating insurance claims on behalf of one or more insurance companies.*

\_\_\_\_\_  
Name and Title of Authorized company Representative

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature of Authorized Company Representative

\_\_\_\_\_  
Date