



Virginia Department of Motor Vehicles  
P.O. Box 27412 Richmond VA 23269-0001

**CERTIFICATION OF RECEIPT OF INFORMATION SECURITY  
POLICY BY DMV CONTRACTORS**

I certify that I have been informed of the information Security Policy and I agree to adhere to its provisions as related to my position, which include but may not be limited to the following:

- I will not create, access, alter, delete, or release any records of the DMV except as necessary to perform authorized duties.
- I will protect confidential and personal information, whether on paper, microfilm, or computer files, by following security procedures.
- I will not disclose customer information except when specifically required by my job duties and when allowed by the Code of Virginia, the Fair Credit Reporting Act, and DMV rules, regulations, and operating procedures.
- I will follow all identification procedures and requirements before conducting transactions which alter an individual's records or affect an individual's eligibility status for licensing or other Department services
- I will disclose confidential or personal information to another individual only if that individual has an official need to know in connection with his or her job duties.
- I will immediately report any knowledge of a violation of this policy to my immediate supervisor or to DMV.
- I will safeguard information obtained through the National Criminal Information Network, the National Driver Register, CDLIS, and any other sources for disclosure to unauthorized parties.
- I will complete an application and pay appropriate fees for personal transcripts or any other services of DMV.

I understand that my failure to comply with this policy may result in civil penalties and/or criminal prosecution as noted in the Virginia Computer Crimes Act of 1987 and applicable state and federal laws. I understand that non-compliance may also result in termination or suspension by DMV of any contractual agreements and the rescinding or any operating authority delegated by DMV to me or to the organization I represent.

<u>NAME and TITLE of Authorized User</u> (PLEASE PRINT)	<u>EMPLOYER, ORGANIZATION, DEALERSHIP OR FLEET</u>
<u>SIGNATURE</u>	<u>DATE</u>
	<u>DEALER NUMBER:</u>

Revised: 3/28/2008