



GEORGIA DEPARTMENT OF DRIVER SERVICES
 Attn: Bulk MVR | P.O. BOX 80447 | CONYERS, GEORGIA 30013 | 678-413-8847

APPLICATION FOR BULK MOTOR VEHICLE RECORDS

NOTE: To qualify for BULK MOTOR VEHICLE RECORDS (MVR) status, your company MUST request more than 50 MVRs per year. DDS will only accept original documents with original signatures, no copies. This application must be completed in its entirety. Please allow 30 to 45 days of processing time.

CONTACT INFORMATION			
BUSINESS NAME			Federal Employer Identification Number (FEIN)
FULL NAME OF APPLICANT LAST:		FIRST:	MI:
FOR RECERTIFICATION ONLY: PROVIDE EXISTING DDS CUSTOMER ID			
BUSINESS PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)			
BUSINESS BILLING ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)			
BUSINESS TELEPHONE NUMBER	BUSINESS FAX NUMBER	BUSINESS E-MAIL ADDRESS	
ACCOUNT INFORMATION			
TYPE OF ACCOUNT REQUESTED (CHECK ONE ONLY)			
<input type="checkbox"/> Bulk User – company that requests MVR for their own employees			
<input type="checkbox"/> Bulk Requestor – company that requests MVRs for another company’s employees			
<input type="checkbox"/> Internet LRI User – Limited Rating Information for Insurance Companies Only			
PURPOSE FOR REQUESTING RECORDS			
Type of Business		Purpose	
<input type="checkbox"/> Government Agencies		<input type="checkbox"/> Employment	
<input type="checkbox"/> Bus Drivers (Public Schools)		<input type="checkbox"/> Credit	
<input type="checkbox"/> CDL Driving Companies		<input type="checkbox"/> Rental Car Agency	
<input type="checkbox"/> Any other company not listed above		<input type="checkbox"/> Insurance	
		<input type="checkbox"/> Limited Rated Information (for Insurance Companies Only)	
Describe why you are requesting Bulk MVR access.			
How often will you be requesting MVRs?			
Will the MVRs be requested manually or by an automated system?			
Have you ever been certified or sanctioned by the Department as a Bulk MVR Requestor/User?			<input type="checkbox"/> Yes <input type="checkbox"/> No Date:
How many MVRs do you expect to request per year?		<input type="checkbox"/> 0–49	<input type="checkbox"/> 50–999
		<input type="checkbox"/> 1,000–9,999	<input type="checkbox"/> 10,000 or more
SECURITY QUESTION (SELECT AND ANSWER <u>ONLY</u> ONE OF THE QUESTIONS BELOW)			
1. What is your favorite color?			
2. What is your pet’s name?			
3. What is your favorite hobby?			
Do you have a contract with a state agency that requires you to request MVRs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, you must attach a copy of the state agency contract to your application.			
SIGNATURES			
By signing this application, I hereby certify the above information is true, correct and the information obtained will be used for the purpose stated above and in accordance with the Fair Credit Reporting Act.			
Manager’s signature is required. Applicant cannot be the same as the manager.			
NAME OF APPLICANT	TITLE OF APPLICANT	SIGNATURE OF APPLICANT	DATE
NAME OF MANAGER	TITLE OF MANAGER	SIGNATURE OF MANAGER	DATE