

## Bulk MVR Security Affirmation

For authorization to access certain driving records through the Georgia Department of Driver Services (DDS), the individual and company applying for access must acknowledge and certify compliance with all of the below minimum-security requirements throughout the entire term of access.

*Instructions: Initial by each statement, and sign the bottom of this document in the presence of a notary public.*

\_\_\_\_ I certify that the individual and company requesting access will maintain compliance with all of the State of Georgia's IT security policies, standards, and guidelines throughout the entire term of access. These include, but are not limited to, all security policies and standards listed on the Georgia Technology Authority website under the following URLs:

<http://gta.georgia.gov/psg/all-security-policies>  
<http://gta.georgia.gov/psg/all-security-standards>

\_\_\_\_ I certify that the individual and company requesting access will not share account credentials used to access driving records. Each individual that requests access to the system must apply for his or her independent account. Authorized users and companies shall immediately provide written notice to the DDS of any changes in employment status regarding those who have been previously authorized to access driving records. All notice shall be provided no later than five (5) calendar days after any change in personnel.

\_\_\_\_ I certify that the individual and company requesting access will maintain a log of each driver record request for a period of four years from the date of the request. The log shall be immediately available for review at the request of the Georgia Technology Authority (GTA) or the Georgia Department of Driver Services (DDS). Individual or company shall provide an electronic or physical copy of such log upon request. The log format shall provide the following in the order presented: (i) date(s) of request and report; (ii) name of requester; (iii) driver's name; (iv) driver's date of birth; (v) driver's license number; (vi) use or purpose in requesting the driving record; (vii) length of time for which the driving record is sought (3 or 7 year report); and (viii) all parties who will receive the report.

\_\_\_\_ I acknowledge and certify that all documentation supporting the reason for any record request, including but not limited to, transaction details and computer software, shall be subject to inspection, review, or audit by GTA, DDS, or their respective representatives for a period of four years from the date of the request at no cost to GTA or DDS. I further certify that the individual and company will accommodate any request for inspection, review, or audit by GTA or DDS within one business day of notice and will allow on-site audits during regular business hours. All documentation of record requests will be maintained for a minimum of four years from the date of request and be made available in the event of an audit.

\_\_\_\_ I acknowledge and certify that the individual and/or company requesting access assumes responsibility for all access, use and misuse, disclosure, release, or transfer of information obtained from DDS, initiated and/or completed by its employees, agents, representatives, contractors, or other individuals retained to carry out company business, whether acting within or outside of their official duties.

By signing below, I affirm and understand that failure to comply with any of the above requirements may result in the termination of access to DDS driving records. This administrative action by DDS will not be deemed to supersede any other actions prescribed by law, including, but not limited to, O.C.G.A. §40-5-2 and O.C.G.A. §17-10-4, providing for twelve (12) months in prison or a fine not to exceed \$5,000.00, or both, per incident, for violating rules and regulations concerning motor vehicle reports.

Witnessed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE OF CERTIFYING COMPANY REPRESENTATIVE

\_\_\_\_\_  
PRINTED NAME AND POSITION OF CERTIFYING COMPANY REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

