WASHINGTON STATE DEPARTMENT OF

Data Records Contract Application

Use this form to apply for a direct interface (web or SFT) with Department of Licensing (DOL) for data. We are committed to safeguarding Protected Personal Information and only release it as allowed by Washington State and federal laws. We strive to provide data on the timing you request but cannot guarantee when the file will be delivered. For public agencies, this application meets the requirements of RCW 39.34.240.

If your use of data is permissible under federal or state law, you will be contacted to schedule an interview to discuss the application. If your application is approved, you will be responsible for contract fees. This may include set up and data charges. You will be required to sign DOL's contract to receive data. Third-party data security and permissible use audits are done at regular intervals to verify you are compliant with your contract and Washington State law. You are responsible for all costs associated with the audits. For more information go to <u>dol.wa.gov/</u><u>about/data-services-requests.html</u> and <u>dol.wa.gov/privacy/how-we-use-your-info.html</u>.

Email this completed form to: <u>DataContracts@dol.wa.gov</u>.

Application must be filled out completely, including all attachments. Incomplete applications will be delayed or rejected.

1-Applicant information					
Business name					
Applicant type	EIN/UBI number	Business website			
Doing business as (DBA) name, if applicabl	e				
Physical address (Street address, City, Stat	e, ZIP code)				
Mailing address if different (Address or PO	Box, City, State, ZIP code)				
Contact name	Em	ail	10-digit phone number		
List all subsidiaries and parent companies					
Former business name, if applicable					
Business description–Provide a detailed ex	planation of your primary busi	ness activities and how it relates to the data rec	uested		
Answer the following					
1. Are you applying for: 🗌 a new contract 🗌 an update to a current contract					
2. If you are a public agency, are you inside the State Government Network (SGN)?					
2-Data requested					
Type of data requested					
How often do you want the data? If "Other," describe					
	, 200000				

Definition "Protected Personal Information" means collectively Personal Information and Identity Information, as defined by RCWs 46.04.209, 19.255.005 and 42.56.590, authorized for disclosure by the federal Driver Privacy Protection Act and state law.
"Subrecipient" means any entity outside your immediate organization that receives or has access to
protected personal information including, but not limited to subsidiaries, subcontractors, requesters or agents.
"Bona Fide Research Organization" means an entity, such as a university, that conducts non-commercial research using established scientific methods. There must be an intention to publish the research findings for wider scientific and public benefit, without restrictions or delay.
"Offshoring" means the electronic or hardcopy transmission, accessing, viewing, capturing images, storage or processing of protected personal information outside the United States.
Answer the following 1. Are you requesting Protected Personal Information?
2. Have you read the <u>contract template</u> ?
3. Will you redisclose or sell Protected Personal Information to any Subrecipients?
4. Are you a consumer reporting agency?
3-Driver data records
Data type
Abstract driver record (ADR) <i>(select all that apply)</i>
Governmental Other, list:
NOTE: If requesting ADRs, you must set up a banking account for automatic withdrawals.
\Box Aggregate data–List data fields needed (i.e. name, address, height, weight, etc.)
Purpose for the data
Research Governmental Statistical reports Other
If requesting Protected Personal Information, what law allows DOL to share this information with you? Explain, including citations to applicable law.
If "Research" was selected, answer the following:
1. What is the public benefit?
2. Have you submitted your research to an Institutional Review Board?
NOTE: You may be required to provide us a copy of the results when the research is completed.
3. Will you redisclose or publish the data, or contact individuals about the data?
4. Are you a Bona Fide Research Organization?
If "Statistical reports" was selected, answer the following:
1. Will you redisclose or publish the data, or contact individuals about the data?
2. Who will you provide the reports to and for what purpose?
Detailed description of why you need the data and how you will use the data

4-Vehicle, Vessel, Manufactured home data records						
	oose for the data <i>(check all tha</i> Parking (gov't only)		Manufacturer recalls	Governmental	\Box Towing	
	Photo enhancement		Research	Statistical reports		
lf re	Other equesting Protected Pe plain, including citation	ersonal Informatio	n, what law allows DOL to	share this information wi	th you?	
lf "l	Research" was selecte	d, answer the foll	owing:			
			- In stitution of Deview Doon			
2.			n Institutional Review Boar		Yes 🗆 No	
	-		us a copy of the results wh			
			or contact individuals abou ation?			
	Statistical reports" was					
	•		or contact individuals about	t the data?	🗆 Yes 🗆 No	
2.	Who will you provide	the reports to and	for what purpose?			
Deta	iled explanation of why you ne	eed the data and how yo	u will use the data.			
5-	Data security and p	ermissible use r	equirements			
Req	uirements-Answer the followir	ng				
1.			ecurity Requirements?			
2.	you are subject to dat	a Privacy and Se	stand by receiving Protecte curity Requirements and ar			
2			stand the audit documentat	tion and ovidence of	… □Yes □No	
	audit procedures mus		DOL?		🗆 Yes 🗆 No	
	data center. Do not in	clude any informa	ally include type of servers tion on vulnerabilities to yo iference during the review o	our data security environr		

2.	Will you use a cloud service provider?
	If "Yes," who is the supplier?
	Where are the servers located?
3.	Do you have a back-up system for the data? □ Yes □ No
	If "Yes," where are they located?
4.	Have you had a recent data security audit?
	If "Yes," when? What type of audit?
	Were any deficiencies found?
	If "Yes," have they been corrected?
5.	Do you have a data flow chart you can make available upon request? $\dots \dots \dots \dots \square$ Yes \square No
6.	Do you have a privacy policy?
	If "Yes," attach.
7.	What cyber security industry standard do you use?
	Are you or any of your Subrecipients Offshoring, as defined, Protected Personal Information? Yes No
	If "Yes," where?
9.	Will you comingle our data with information from other sources?
	If "Yes", describe:
10.	Will you link the records to any other records?
	If "Yes," describe:
11.	Describe in detail your plan to prevent unauthorized access or redisclosure.
12.	Do you have a data disposal policy?
	If "Yes," attach.
13.	How long will you keep this data?
14.	What is your plan for disposing of the data?

6–Subrecipient redisclosure information Laws restrict redisclosure of Protected Personal Information obtained from data records. An authorized recipient					
may only redisclose information for		n optained from data records. Ar	authorized recipient		
Answer the following-Provide specific and de	tailed explanations				
1. What process do you use to screen Subrecipients?					
2. How will you monitor Subrecipients to make sure they use Protected Personal Information appropriately?					
3. How will you make sure Subrecipients meet DOL's Privacy and Security Requirements?					
4. How will you transfer the data to Subrecipients? (Example: data held in a database that employer accesses, send an abstract driving record to the employer and retain the data, etc.)					
 5. Do you approve Subrecipients Offshoring of Protected Personal Information?					
Attachments					
The following documents are atta	ched [.]				
Business license (non-Washing					
Privacy policies	JUIT DUSITIESSES/				
\Box Data disposal policy					
Subrecipients data sharing agr	eement template				
	•				
7–Certification Contract manager name	Title	Email	10-digit phone number		
Compliance manager name	Title	Email	10-digit phone number		
Technical contact name	Title	Email	10-digit phone number		
Contract signer, if different than contract mgr.	Title	Email	10-digit phone number		
Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any Protected Personal Information from an individual's data record is subject to federal criminal fines and civil penalties under RCW 46.22.010.					
By signing or typing my name, I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.					
X					
Date and place (city or county) signed Contract manager or authorized representative signature					