

E-Services Annual Statement of Compliance

Service contract holders use this form to certify their compliance as required in their agreement with the Department of Licensing (DOL). Failure to submit this certification may result in DOL conducting an audit at your expense, suspension of service, or termination of the agreement.

Email this completed form to DataServices@dol.wa.gov. If you are sending information that includes data privacy and security deficiencies or other sensitive information, contact DataServices@dol.wa.gov for a secure email link.

Agency information

Agency name		E-Services Account ID number, if applicable	
E-Services account type DAPS DIAS AVR DRR			
Contact name	10-digit phone number	Email	
Authorized signer name	10-digit phone number	Email	

Privacy and Security Requirements and annual statement of compliance

The evaluation must include:

- Review and verification of the Privacy and Security Requirements in your agreement.
- Review of all authorized users' access and use of Protected Personal Information to make sure their access and use is within official job duties and the permissible uses in your agreement.
- Institute and maintain written policies and procedures to ensure data is used only as authorized in the contract.
- Require authorized users to sign an [Appropriate Use Declaration](#) prior to accessing an E-Service through License eXpress.

Answer the following

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| <p>1. Did you conduct your annual self-assessment?</p> <p>If "No," why not?</p> | Yes | No |
| | | |
| <p>2. Are you in compliance with the Privacy and Security Requirements?</p> <p>If "No," describe any deficiencies and what has been done to resolve them:</p> | Yes | No |
| | | |
| <p>3. Did you review all authorized users' access and revoke access when it was no longer required?</p> <p>If "No," explain:</p> | Yes | No |
| | | |
| <p>4. Did you have any security breaches or unauthorized use of DOL data?</p> <p>If "Yes," describe the breaches or violations and what has been done to resolve them:</p> | Yes | No |
| | | |

By typing or signing your name, you declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place (city or county) signed

X

Authorized signature