

User Request for Agent Access of TxDMV Database

(Legal business or DBA name)

Client _____ Date _____

Employee/User Name _____
(First name) (Middle name) (Last name) (Suffix)

Employee/User Nick Name (optional) _____ Group Number (optional) _____

Please Check One: Add Delete Please Check If Title Clerk:

Approved By (optional) _____
Security Administrator (Print then Sign) SA Phone # _____

Security Compliance and Confidentiality Agreement

I understand and agree that protected Texas Motor Vehicle information that may come to my knowledge while accessing our Agent's QuickVTR Information System, may not be used or disclosed except as expressly authorized by Permitted Use(s) chosen by Client's Signatory Authority in Attachment A.

I understand and agree that any and all information system password(s) I receive or devise for use with QuickVTR are confidential. I will not disclose to any unauthorized person any password(s) I am given or devise and I will not post written passwords where persons who are not authorized to use the QuickVTR system, may view them.

I understand and agree that I am responsible for all information transactions performed as a result of access authorized by the use of my password(s).

I understand and agree that my use of a password not specifically issued to me or to a group of which I am a member is expressly prohibited.

I understand that intentionally failing to observe these requirements or intentionally bypassing them may constitute a breach of QuickVTR systems security as defined in the Texas Penal Code §33.02 and may result in immediate loss of information system access.

I acknowledge receipt of this agreement, understand its contents, agree to abide by the terms set forth herein and if applicable, subject to the Texas Public Information Act. I have also been informed where to obtain a copy of, and agree to comply with: Texas Penal Code, Section 33.02 and the Federal Drivers Privacy Protection Act (18 U.S.C. §2721).

Employee/User Signature (REQUIRED TO ADD)

Date Signed (REQUIRED TO ADD)

Employee/User Printed Name (REQUIRED TO ADD)

(Optional) Employee phone # at this location

(Optional) Employee/User email address to receive temporary password

Complete this form and scan/email to support@qvti.com