

**FEDERAL DRIVER'S PRIVACY
PROTECTION ACT PERMISSIBLE USES FORM**

For Agency Use Only

Date of Request: _____

Report #: _____

Reviewed by: _____

Approved / Denied (circle)

Based upon the Federal Driver's Privacy Protection Act (DPPA), this Request must be completed before information containing personally identifiable information in the Report can be released without redaction. Knowledge of what access and uses are permitted under the DPPA is the responsibility of the Requester.

SECTION I. REQUESTER INFORMATION:

Name of Person Completing Form: _____

Firm/Corporation: _____

Phone Number: _____

Street Address: _____

City, State & Zip Code: _____

SECTION II. RECORD INFORMATION

Incident Report #, if known: _____

Other Record(s): _____

SECTION III. AUTHORIZATION

The Driver's Privacy Protection Act allows for civil and criminal penalties for improperly obtaining, disclosing, or using personal information from an incident report or other record, or information that was acquired through the Wisconsin Department of Transportation for purposes other than as stated in this Request.

I am authorized under the Federal Driver's Privacy Protection Act to obtain the identified incident report and personal information based upon the following (mark all applicable boxes):

- A. For use, if Requester has obtained the written consent from the person about whom the information pertains.
 - I am requesting a copy of my own record. (Form 1A)
 - I am a parent or legal guardian of a minor child and I am requesting a copy of his/her record (Form 1A) Name of minor child: _____
 - I am requesting the record of another person and have attached their written consent. (Form 1B)

- B.1.* For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a federal, state, or local agency in carrying out its functions.

Name of agency: _____

Function: _____

- B.2. For use in connection with matters of a motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992 and the Clean Air Act.
- B.3. Authorized agent, contractor, or employee of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
- a. Verify the accuracy of the personal information submitted by the individual to the business, and;
 - b. Obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies, or collecting a debt, or security interest against the individual.
- Name of employee: _____ Name of business: _____
- B.4.* For use in connection with any civil, criminal, administrative, or arbitral proceedings in any federal, state, circuit, municipal, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation (i.e. lawsuit), and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, circuit, local or tribal court.
- Requester is: Attorney Client's name: _____
 Non-attorney litigant
- B.5. For use in research activities and for use in producing statistical reports, as long as the personal information is not published, re-disclosed, or used to contact individuals.
- B.6.* You are an authorized agent, contractor, or employee of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:
- a. Claims investigation;
 - b. Anti-fraud activities;
 - c. Rating or underwriting. Client's Name: _____
- B.7. For use in providing notice to the owners of towed or impounded vehicles.
- B.8. You are an authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.
- B.9.* Authorized employer, or its agent or insurer, for use in obtaining or verifying information relating to a holder of a commercial driver license (CDL).
- B.10. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.
- B.11. For any other use specifically authorized under Wisconsin law if such use is related to the operation of a motor vehicle or public safety. State applicable Wisconsin law: _____
 _____.

CERTIFICATION

I certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver’s Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in civil and criminal penalties imposed under Title 18 U.S.C. Section 2724.

X _____
(Requester Signature)

(Date Signed)

Please note: Records may also be redacted pursuant to Wis. Stat. Chapter 19 and any other applicable laws. Pursuant to §19.35, Wis. Stats., any requester has a right to inspect a record except as otherwise provided by law. Any public records request that is denied or redacted pursuant to Wis. Stat. Chapter 19 or other applicable law will be identified as such and the reason therefor will be given. The denial or redaction is subject to review by mandamus under §19.37(1), Wis. Stats., or upon application to the Attorney General or a district attorney.

** Records released in conjunction with B.1., B.4., B.6., and B.9. may contain highly restricted personal information.*

Request Reviewed:

By: _____

Approved.

Denied. State reason. _____
