



Terry L. Rhodes
Executive Director

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.fhsmv.gov

Data Access Application

Prior to executing the Memorandum of Understanding (MOU) for Driver License and/or Motor Vehicle Data Exchange, the Requesting Party is required to complete this application. Please use additional pages as necessary.

1. In the last ten (10) years, has any agreement/contract between the Requesting Party and any other State/State Agency been terminated due to non-compliance with DPPA, data breaches, or any state laws relating to the protection of driver privacy? Yes No If yes, please explain and supply certified copies of the pertinent documents:

2. In the last ten (10) years, has any State/State Agency declined to enter into an agreement/contract with the Requesting Party to provide DPPA protected data? Yes ___ No If yes, please explain:

3. Is there any pending litigation against the Requesting Party alleging violations of DPPA or any state law relating to the protection of driver privacy? Yes No If yes, please explain and provide a certified copy of the pertinent court documents:

4. In the last ten (10) years, has there been any instance where the Requesting Party has been found guilty or liable by a court of competent jurisdiction for misuse of data under DPPA or under any state law relating to the protection of driver privacy? Yes No If yes, please explain and provide certified copies of the pertinent documents:

(01/2017)

5. In the last ten (10) years, has there been any instance where an owner, officer, or control person¹ of the Requesting Party who owned a majority interest in, or acted as a control person of, an entity that was found guilty or liable by a court of competent jurisdiction for misuse of data under DPPA or under any state law relating to the protection of driver privacy? Yes No If yes, please explain and provide certified copies of the pertinent documents:
6. In the last ten (10) years, has there been any breach of security as defined by Section 501.171, Florida Statutes? Yes No If yes, provide details of each breach and discuss all safeguards implemented as a result of the breach of security:
7. How you will ensure that all personnel with access to the information exchanged under the terms of the MOU are instructed of, and acknowledge their understanding of, the confidential nature of the information?
- All employees with access to the personal data will be instructed of, and acknowledge their understanding of the confidential nature of the information and criminal sanctions for unauthorized use of the data by signing an "Acknowledgement Form". This form will be provided to new employees and existing employees on an annual basis.
8. Please provide the URL to your company or agency's website that will be used to provide access to the data being requested: ftp.hollywoodfl.org

In addition, the following documents are required:

- A copy of your business license.
- A copy of your State of Florida corporation licensure or certification.
- If providing services on behalf of a government entity, provide the supporting documentation to show or prove you are entitled to the DPPA exemption claimed. For example, a letter from each entity confirming the type of service being provided and/or an agreement with an entity authorizing you to conduct services.

¹ Control Person, for these purposes, means the power, directly or indirectly, to direct the management or policies of a company, whether through the ownership of securities, by contract, or otherwise. Any person that (i) is a director, general partner, or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 25% or more of a class of a voting security or has the power to sell or direct the sale of 25% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 25% or more of the capital, is presumed to control that company.

Under penalty of perjury, I affirm that the information provided in this document is true and correct.

Signature of Authorized Official

Dr. Wazir Ishmael

Printed/Typed Name

City Manager

Title

Date

City of Hollywood, Office of Parking

NAME OF AGENCY/ENTITY

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by
_____.

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

NOTARY PUBLIC (print name)

NOTARY PUBLIC (sign name)
My Commission Expires: _____