



SHERIFF KALVIN D. BARRETT
DANE COUNTY SHERIFF'S OFFICE

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 Captain, Security Services
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DPPA PERMISSIBLE USE FORM

Insurer Request for Records Containing Personal Information Obtained from Motor Vehicle Records

The Federal Driver's Privacy Protection Act (DPPA), 18 U.S.C. §§ 2721-2525, regulates access to personal information obtained from motor vehicle records. Under 18 U.S.C. § 2721(b)(6), the Dane County Sheriff's Office will make records containing personal information obtained from motor vehicle records available to a requesting insurer, insurance support organization, or self-insured entity (Requester) based on the Requester's certification that the Requester is authorized to obtain and use the records. This form must be completed before records containing personal information will be released.

REQUESTER INFORMATION

Name of Insurer, Insurance Support Organization, or Self-Insured Entity	(Area Code) Telephone Number		
Street Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Name of Requester (person filling out this form)	(Area Code) Telephone Number		
Street Address of Requester	City	State	Zip Code
Mailing Address of Requester (if different from above)	City	State	Zip Code
Requester is an Authorized Representative of: (list name of company, organization, or entity requesting records)	Wisconsin Insurance License Number: (of company, organization, or entity requesting records)		

Notice to Requester: It is unlawful for any person to knowingly obtain, disclose or use personal information obtained from a motor vehicle record for any use not permitted under 18 U.S.C. § 2721(b). Anyone requesting the disclosure of personal information who misrepresents their identity or makes a false statement to obtain personal information from an individual's motor vehicle record is subject to civil and criminal penalties. Knowledge of what access and uses are permitted under the DPPA and Wisconsin Law is the responsibility of the Requester.

RECORD INFORMATION

Record Requested:	Incident Report <input type="checkbox"/>	Other (describe) <input type="checkbox"/>
Name of Record Subject	Incident Number (if known)	
Date/Time of Accident/Incident	Location of Accident/Incident	

AUTHORIZED USE

I am authorized under the Federal Driver's Protection Act to obtain the requested records and personal information based on the following:
 Records requested will be used by an authorized representative, agent, contractor, or employee of an insurer, insurance support organization or self-insured entity in connection with claims investigation, anti-fraud activities, rating, or underwriting. 18 U.S.C. § 2721(b)(6)
 Client's Name: _____

CERTIFICATION

I certify that the information and statements contained herein are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and will be used solely and exclusively for the purpose indicated above. I understand that by requesting and receiving records containing personal information obtained from motor vehicle records, I am responsible for any improper or unauthorized access to, or use of, such personal information. I further understand that any redisclosure of any personal information contained in a record received pursuant to this request must be for a permissible use and that, for a period of five years, I must keep a record of that redisclosure identifying each person or entity that receives the information and the permitted purpose for which the information will be used.

X _____
 Requester's Signature (required) Date