



Doug Belden, Tax Collector

Doug Belden, Hillsborough County Tax Collector is pleased to make available to authorized businesses and organizations access to our automated Vehicle Registration Telephone Information System (MOTOR VEHICLE LOOKUP). This system will allow you 24 hour access to the Department of Motor Vehicle FRVIS files.

Please **read and retain** the enclosed operation instructions for complete information on the Automated Motor Vehicle Lookup System.

If you wish to obtain an access code to use this system and agree to the conditions in the enclosed permits; **complete, sign and return the following items to:**

Hillsborough County Tax Collector  
Attn: Sabita Dubra  
601 E Kennedy Blvd; 14<sup>th</sup> Floor  
Tampa, FL 33602-4931

- **Permit for Access to FRVIS Automated Motor Vehicle Lookup System.**
- **The Request for Exempt Personal Information in a Motor Vehicle Record form and;**
- **A copy of your current Business Tax. In addition;**
- **When applicable, send a copy of your Motor Vehicle Dealers License, Private Investigators License or Process Server Certification.**

**Note: Your business must be physically located in the State of Florida**

If you have any questions, please contact Sabita Dubra at phone (813) 612-6766; fax (813) 612-6717 or email [dubra@hillstax.org](mailto:dubra@hillstax.org)

Sincerely,

A handwritten signature in black ink that reads "Dale M. Hoffman".

Dale M Hoffman, CFCA  
Director of Branch Operations

Enclosures  
DMH/sd

**PERMIT FOR ACCESS TO FRVIS**  
**(MOTOR VEHICLE LOOKUP SYSTEM)**

This Permit is made between the Hillsborough County Tax Collector, herein after referred to as "Tax Collector," and \_\_\_\_\_, herein after referred to as "Agency".

(Company/Agency Name)

**NOW THEREFORE, the parties agree to the following:**

1. The Tax Collector and the Agency agree to adhere to the policies, procedures, operating instructions and applicable laws, or regulations issued by the Florida Department of Highway Safety and Motor Vehicles with regard to the FRVIS access.
2. The Tax Collector will provide an access code to the Agency, which will be used to gain access to the "FRVIS."
3. The Agency acknowledges and agrees that the use of the access code assigned to it and its personnel is confidential and is restricted to the use of the Agency and its designated employees, and further agrees to apply safeguards to maintain confidentiality to the access code so assigned.
4. The Agency agrees to notify the Tax Collector within three (3) working days of the termination of any of its employees who have been privileged to the access code or of any misuse or unauthorized use of the access code. Failure to comply with this provision will result in the termination of the Permit and the cancellation of all codes.
5. Any violation of the applicable Florida Statutes, [Chapter 119, 319 or 320](#) by the Agency shall be a violation of the conditions of this Permit.
6. The Tax Collector retains the right to terminate this Permit and the use of the access code to the FRVIS and to establish the hours when the FRVIS will be available to the Agency.
7. The Tax Collector will not be liable in the event access to the FRVIS is not available due to inoperative, failure of equipment or misuse of the access code by the Agency, or for any other cause.
8. This Permit may be terminated by the Tax Collector at the discretion of the Tax Collector.

IN WITNESS WHEREFORE, The Tax Collector and \_\_\_\_\_ have caused this  
(Company/Agency Name)

PERMIT to be acknowledged and executed this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

Complete and sign the following form, if you agree to the conditions in the Permit

(PLEASE PRINT LEGIBLY OR TYPE INFORMATION BELOW).

**AUTHORIZED PERSONNEL**

	_____	
		<b>Name of Contact Person for Company or Firm</b>
1.	_____	_____
		Name of Company or Firm
2.	_____	_____
		Physical Address including City & Zip Code
3.	_____	_____
		Mailing Address
4.	_____	_____
		City Zip Code
5.	_____	_____
		Phone Number
6.	_____	_____
		Fax Number
7.	_____	_____
		E-Mail Address
		Dealer Lic. #: _____

**\*\* SIGNATURE MUST BE WITNESSED BY TWO PEOPLE**

**I agree to not re-disclose this information except as provided in s. 119.0712(2)(b), F.S. I understand that unauthorized re-disclosure may subject me to civil and criminal penalties under state and federal law.**

\_\_\_\_\_  
**Witness Signature (1)**

\_\_\_\_\_  
**\*\* Signature of Representative for Company / Agency**

\_\_\_\_\_  
**Witness Signature (2)**

\_\_\_\_\_  
**Printed Name & Title of Representative for Company / Agency**

\_\_\_\_\_  
**Doug Belden, Tax Collector/ or Tax Collector Designee**

**REQUEST FOR EXEMPT PERSONAL INFORMATION  
IN A MOTOR VEHICLE RECORD**

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The Florida Public Records Law (s.119.0712(2)(b) Florida Statutes) exempts personal information (as defined by federal law) contained in motor vehicle or driver license records from disclosure. The federal Driver's Privacy Protection Act of 1994 defines "personal information" in a motor vehicle record to mean "information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address (but not the 5-digit zip code), telephone number, and medical or disability information, but . does not include information related to vehicular accidents, driving violations, and driver's status." Personal information from these records may be released to individuals or organizations, which qualify under one of the fifteen exceptions listed on the attached form.

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\_\_\_\_\_ I am qualified to obtain this information under exception number \_\_\_\_\_  
(Please Refer to Exceptions Attached).

\_\_\_\_\_ I am not qualified to obtain this information under any exception number.

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\_\_\_\_\_ Consider this my request to become a Motor Vehicle Lookup subscriber.

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**I agree to not re-disclose this information except as provided in s. 119.0712(2)(b), F.S. I understand that unauthorized re-disclosure may subject me to civil and criminal penalties under state and federal law.**

\*\* The information obtained will be used as follows (**explain in your own words**):

**Obtaining personal information under false pretenses is a state and federal crime. Under penalty of perjury, I swear that the information given above is true.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Company / Agency Name**