

Central Services Record Section 555 Wright Way Carson City, Nevada 89711-0250 (775) 684 - 4590 www.dmvnv.com

### INDIVIDUAL PACKAGE INSTRUCTIONS

The Department of Motor Vehicles is authorized to maintain an information reporting service for driver's license and vehicle registration/title records.

Pursuant to NRS 481.063 all requestors must meet the following criteria:

- Complete sections A, B, and C, sign, and date Application for Record Information (IR002).
- Complete, sign, date and have notarized affidavit (IR003) stating your understanding of Nevada Revised Statute 481.063.
- Mail completed application, affidavit, and any documentation showing your legal right to the requested information, i.e., work order, court order, bill of sale, title, accident report.
- Businesses must submit a copy of current Business or State license.
- Private Investigators must submit a copy of their P.I. license.
- Insurance companies/Businesses requesting information on behalf of an insurance company must furnish their NAIC number.
- Attorneys must submit documentation showing they are a licensed attorney.
- Submit the enclosed Letter of Authorization from any person about whom information is requested, i.e., employers requesting driving records on employees. The release must not be dated more than 90 days before the date of request.
- Submit the proper fees with application.
- Governmental agencies are not required to pay fees, but must include the following statement on official letterhead "The information obtained will be used solely for carrying out official functions".

If you will be requesting information on a regular basis, you may wish to open an account. If so, please request an Application for Records Account (IR001) by calling 775-684-4590.

Enclosed is an application, affidavit, guidelines and fee schedule for your use and information. Any questions regarding the requesting of Department information may be directed to the Records Section in writing at the above address, by telephone at (775) 684-4590 or by visiting us at the following website: www.dmvnv.com.



CENTRAL SERVICES DIVISION RECORDS SECTION 555 WRIGHT WAY CARSON CITY, NV 89711-0250 (775) 684-4590 www.dmvnv.com

## **APPLICATION FOR RECORD INFORMATION**

| Α.           | Requester Name                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |  |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
|              | Business Name (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |
|              | Physical Address                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
|              | Aailing Address if Different:                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |
|              | hone # ()Fax # ()NAIC# (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |
| B.           | B. INFORMATION REQUESTED (Please mark appropriate box and fill out corresponding section)  Driver's License Information:  Certification (S2) Microfilm (S3) (Must be requested with a Driver History Record) (Ex: Original application,)  Driver License Info (D1)  Clearance Letter (D3)  Driver History Record (D2) Select one:  3-Year History 10-Year History (Released to individual & law enforcement only) School Bus History          |  |  |  |  |  |  |  |  |  |
|              | When requesting any of the above information, please provide the following identifying information:                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |  |
|              | full nameDate of Birth                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |
|              | IV address                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |
|              | IV Driver's License No Social Security No                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |
|              | Yehicle Information:         J Vehicle Registration Printout (V1)       □ Insurance Information         J Title Verification Letter (S4)       □ Tax Information Receipt         J Vehicle Title Printout (V2)       □ Plate Surrendered Receipt or Letter         Vehicle History (Specify registration or title)       □ Registration (V3a)       □ Title (V3b)         Full Name       □ Title (V3b)                                       |  |  |  |  |  |  |  |  |  |
|              | IV address                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |
|              | /v address                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |
| C.           | FOR WHAT PURPOSE IS THIS INFORMATION NEEDED?                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |
| pers<br>I ag | * * * *  by declare under penalty of perjury that the information received will not be used for an illegal purpose or unwarranted invasion of a particular of privacy nor will I release or sell any information received through this application to any other party for use by such party.  The to indemnify and hold the state of Nevada, Department of Motor Vehicles, its agents and employees from any all claims, causes of action, or |  |  |  |  |  |  |  |  |  |
| IIabi        | rarising from the careless, negligent or improper use by myself, my agents, of any of the information received under this application.                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |
|              | Signature of Requester  (Request for information will not be processed without the signature of the requesting party)                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |



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(Notary Seal)

| state of       | of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ )                    |                       |                   |                                                                                              |                          |  |  |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-------------------|----------------------------------------------------------------------------------------------|--------------------------|--|--|
| ounty.         | of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ) §                    |                       |                   |                                                                                              |                          |  |  |
| ounty          | O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ /                    | <u>AFFII</u>          | <u>DAVIT</u>      |                                                                                              |                          |  |  |
| Being fi<br>a) | I have read, fully u regarding the man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | e to abide by the law | the Departmen     | ons now in effect and hereinaft<br>t of Motor Vehicles driver's lice                         |                          |  |  |
| 0)             | Specifically, that I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | f such sale or discl  |                   | be in accordance with the pro<br>ears for department inspection                              |                          |  |  |
| c)             | I understand that a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | record will be maint   | ained by the depart   | ment of any info  | ormation which I request;                                                                    |                          |  |  |
| d)             | unlawful to make a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a false representation | n to obtain any info  | rmation from the  | 485.316 is a criminal offense e Department, or to knowingly mitted by the provisions of this | obtain or disclose any   |  |  |
| e)             | The agency shall keep all data, information, reports, tests, manuals, instructions, plans, system designs, computer codes, and any documents or drawings received from the State of Nevada, Department of Motor Vehicles ("Department"), or created by the agency as necessary to render performance under this Agreement, strictly confidential. Except for the sharing of information among law enforcement agencies for law enforcement purposes, the agency agrees that it may not disclose any of the aforementioned items to a person who is not a party to this agreement absent the express written consent of the Department. The agency further understands and agrees that the Department may be required to disclose, in certain instances, some of the above items in compliance with Nevada Public Records Law, and these instances do not change the obligations of the agency to maintain confidentiality as set out above.  The confidential items, as set out above, specifically include, but are not limited to, the following items:  1) Information regarding security passwords, security access codes, and security programs; access codes for software applications; and security procedures, processes, and recovery plans.  2) Specific data collected in preparation of or essential to the Department's business.  3) Security testing results, especially if the results identify specific system vulnerabilities.  The agency also agrees and understands that this confidentiality provision's purpose is to prevent public disclosure that may have an impact on public safety or security, including but not limited to security of personal information. In addition to any other indemnification agreements contained in this Affidavit, The agency further agrees to indemnify, hold harmless, and defend the Department from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation reasonable attorneys' fees and costs, based on the agencies release of the aforementioned items. If the agency must disclose some of the above ite |                        |                       |                   |                                                                                              |                          |  |  |
|                | I attest to the fact to foregoing is true are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        | ed representative of  | of the requesting | g agency. I declare under pen                                                                | alty of perjury that the |  |  |
|                | DATED this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | day of                 | , (20                 | )                 |                                                                                              |                          |  |  |
|                | Signature of Applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cant                   |                       | P                 | rinted Name and Title (if applic                                                             | cable) of Applicant      |  |  |
|                | Signed and sworn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | to before me this      |                       |                   |                                                                                              |                          |  |  |
|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                       |                   |                                                                                              |                          |  |  |

NOTARY Public or Authorized Nevada DMV Representative



Central services and Records Division 555 Wright Way Carson City, Nevada 89711-0250 (775) 684-4590 www.dmvnv.com

# **Letter of Authorization to Release Information**

| l,                                                    |                                    | , he     | ereb  | y au | ıtho | rize | e Ne | eva | da | Dep | oart | mei | nt o | f M | otor |
|-------------------------------------------------------|------------------------------------|----------|-------|------|------|------|------|-----|----|-----|------|-----|------|-----|------|
| Vehicles                                              | s to release information pertainin | ng to my | y: (N | IRS  | 48′  | 1.06 | 63)  |     |    |     |      |     |      |     |      |
|                                                       | Driver's License                   |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
|                                                       | Drivers License Number             |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
|                                                       | Registration                       |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
|                                                       | Vehicle ID Number                  |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
|                                                       | Title                              |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
|                                                       | Vehicle ID Number                  |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
|                                                       | Vehicle Insurance Information      |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
|                                                       | Vehicle ID Number                  |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
| Per my a                                              | authorization, release the above   | informa  | ition | to:_ |      |      |      |     |    |     |      |     |      |     |      |
| Owner o                                               | of Record:                         |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
| Signature:                                            |                                    |          |       |      |      |      | Date | :   |    |     |      |     |      |     |      |
| S                                                     | Signed and sworn to before me this |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
|                                                       | day of, (2                         |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
| By                                                    |                                    |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
| NOTARY Public or Authorized Nevada DMV Representative |                                    |          |       |      |      |      |      |     |    |     |      |     |      |     |      |
| IR                                                    | R015 9/2008                        |          |       |      |      |      |      |     |    |     |      |     |      |     |      |



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#### **GUIDELINES AND FEES FOR RECORD INQUIRIES**

This guide is for the most effective use of Nevada records facilities. If you provide us with certain basic information, a record search can be accomplished in a very short period of time.

Identifiers for driver's license inquiries are:

Driver's License Number Social Security Number Name, Date of Birth and address

Identifiers for registration/title inquiries are:

Vehicle Identification Number (VIN) Registered Owner's Name and address

- D1 DRIVER LICENSE INFORMATION provides information shown on the front of the driver's license. Fee: \$5.00
- D2 DRIVER RECORD INFORMATION provides information shown on the front of the driver's license and convictions for the past three years. Fee: \$7.00
- D3 DRIVER LICENSE CLEARANCE LETTER states Nevada record is clear to obtain a drivers license in other states. Fee: \$6.00
- V1 VEHICLE REGISTRATION INFORMATION provides the year, make, model, expiration date and registered owner's name and address. Fee: \$5.00
- V2 VEHICLE TITLE INFORMATION provides owner(s) name and address, and/or lienholder(s), name and address, title number, and date title was created. Fee: \$5.00
- V3 (a) REGISTRATION HISTORY Fee: \$7.00
- V3 (b) TITLE HISTORY Fee: \$7.00 plus any additional research (S3) \$3.00 per page includes front and back.
- S2 CERTIFICATION OF DOCUMENTS Fee: \$4.00
- S3 Research Fee: \$3.00 per page includes front and back.
- S4 TITLE VERIFICATION LETTER states no Nevada title has been issued to a specific vehicle. Fee: \$7.00

Social Security Numbers are not released. License plate numbers are not released, nor can information be obtained by the presentation of a license plate number; except to law enforcement agencies, governmental agencies processing parking violations, vehicle insurance companies, public administrators, public guardians, public defenders and private investigators. No information will be released when multiple listings are found on a search by name only where no positive match can be established.

Please make checks payable to the Department of Motor Vehicles, RECORDS SECTION.

Payment in full is due at the time record requests are submitted, except for requests charged to a Records Account. Monthly invoices will be issued for Records Accounts and payment in full is due within 21 days of the billing date. If your account is suspended for non-payment, you will be required to pay not only the past due amount, but any current invoice amounts before any further business can be conducted with the Department. In addition, per NRS 353C, your account will be turned over to a private collection agency. Accounts referred for private collection may be required to pay private collection fees. Accounts referred to the collection agency will remain suspended until proper notification of payment in full is received directly from the collection agency.

# NRS 481.063 Collection and deposit of fees for publications of Department and private use of files and records of Department; limitations on release and use of files and records; regulations.

- 1. The Director may charge and collect reasonable fees for official publications of the Department and from persons making use of files and records of the Department or its various divisions for a private purpose. All money so collected must be deposited in the State Treasury for credit to the Motor Vehicle Fund.
- 2. Except as otherwise provided in subsection 6, the Director may release personal information, except a photograph, from a file or record relating to the driver's license, identification card, or title or registration of a vehicle of a person if the requester submits a written release from the person who holds a lien on the vehicle, or an agent of that person, or the person about whom the information is requested which is dated not more than 90 days before the date of the request. The written release must be in a form required by the Director.
- 3. Except as otherwise provided in subsections 2 and 4, the Director shall not release to any person who is not a representative of the Division of Welfare and Supportive Services of the Department of Health and Human Services or an officer, employee or agent of a law enforcement agency, an agent of the public defender's office or an agency of a local government which collects fines imposed for parking violations, who is not conducting an investigation pursuant to <a href="NRS 253.0415">NRS 253.0415</a> or <a href="253.220">253.220</a>, who is not authorized to transact insurance pursuant to <a href="chapter 680A">chapter 680A</a> of NRS or who is not licensed as a private investigator pursuant to <a href="chapter 648">chapter 648</a> of NRS and conducting an investigation of an insurance claim:
- (a) A list which includes license plate numbers combined with any other information in the records or files of the Department;
- (b) The social security number of any person, if it is requested to facilitate the solicitation of that person to purchase a product or service; or
- (c) The name, address, telephone number or any other personally identifiable information if the information is requested by the presentation of a license plate number.
- È When such personally identifiable information is requested of a law enforcement agency by the presentation of a license plate number, the law enforcement agency shall conduct an investigation regarding the person about whom information is being requested or, as soon as practicable, provide the requester with the requested information if the requester officially reports that the motor vehicle bearing that license plate was used in a violation of NRS 205.240, 205.345, 205.380 or 205.445.
- 4. If a person is authorized to obtain such information pursuant to a contract entered into with the Department and if such information is requested for the purpose of an advisory notice relating to a motor vehicle or the recall of a motor vehicle or for the purpose of providing information concerning the history of a vehicle, the Director may release:
- (a) A list which includes license plate numbers combined with any other information in the records or files of the Department; or
- (b) The name, address, telephone number or any other personally identifiable information if the information is requested by the presentation of a license plate number.
- 5. Except as otherwise provided in subsections 2, 4 and 6 and <u>NRS 483.294</u>, <u>483.855</u> and <u>483.937</u>, the Director shall not release any personal information from a file or record relating to a driver's license, identification card, or title or registration of a vehicle.
- 6. Except as otherwise provided in paragraph (a) and subsection 7, if a person or governmental entity provides a description of the information requested and its proposed use and signs an affidavit to that effect, the Director may release any personal information, except a photograph, from a file or record relating to a driver's license, identification card, or title or registration of a vehicle for use:
- (a) By any governmental entity, including, but not limited to, any court or law enforcement agency, in carrying out its functions, or any person acting on behalf of a federal, state or local governmental agency in carrying out its functions. The personal information may include a photograph from a file or record relating to a driver's license, identification card, or title or registration of a vehicle.
- (b) In connection with any civil, criminal, administrative or arbitration proceeding before any federal or state court, regulatory body, board, commission or agency, including, but not limited to, use for service of process, investigation in anticipation of litigation, and execution or enforcement of judgments and orders, or pursuant to an order of a federal or state court.
  - (c) In connection with matters relating to:
    - (1) The safety of drivers of motor vehicles;
    - Safety and thefts of motor vehicles;
    - (3) Emissions from motor vehicles:
    - (4) Alterations of products related to motor vehicles:
    - (5) An advisory notice relating to a motor vehicle or the recall of a motor vehicle;
    - (6) Monitoring the performance of motor vehicles;
    - (7) Parts or accessories of motor vehicles;
    - (8) Dealers of motor vehicles; or
    - (9) Removal of nonowner records from the original records of motor vehicle manufacturers.

- (d) By any insurer, self-insurer or organization that provides assistance or support to an insurer or self-insurer or its agents, employees or contractors, in connection with activities relating to the rating, underwriting or investigation of claims or the prevention of fraud.
  - (e) In providing notice to the owners of vehicles that have been towed, repossessed or impounded.
- (f) By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license who is employed by or has applied for employment with the employer.
- (g) By a private investigator, private patrol officer or security consultant who is licensed pursuant to <u>chapter 648</u> of NRS, for any use permitted pursuant to this section.
- (h) By a reporter or editorial employee who is employed by or affiliated with any newspaper, press association or commercially operated, federally licensed radio or television station for a journalistic purpose. The Department may not make any inquiries regarding the use of or reason for the information requested other than whether the information will be used for a journalistic purpose.
  - (i) In connection with an investigation conducted pursuant to NRS 253.0415 or 253.220.
- (j) In activities relating to research and the production of statistical reports, if the personal information will not be published or otherwise redisclosed, or used to contact any person.
- (k) In the bulk distribution of surveys, marketing material or solicitations, if the Director has adopted policies and procedures to ensure that:
- (1) The information will be used or sold only for use in the bulk distribution of surveys, marketing material or solicitations:
- (2) Each person about whom the information is requested has clearly been provided with an opportunity to authorize such a use; and
- (3) If the person about whom the information is requested does not authorize such a use, the bulk distribution will not be directed toward that person.
- 7. Except as otherwise provided in paragraph (j) of subsection 6, a person who requests and receives personal information may sell or disclose that information only for a use permitted pursuant to subsection 6. Such a person shall keep and maintain for 5 years a record of:
  - (a) Each person to whom the information is provided; and
  - (b) The purpose for which that person will use the information.
- Ê The record must be made available for examination by the Department at all reasonable times upon request.
- 8. Except as otherwise provided in subsection 2, the Director may deny any use of the files and records if the Director reasonably believes that the information taken may be used for an unwarranted invasion of a particular person's privacy.
- 9. Except as otherwise provided in <u>NRS 485.316</u>, the Director shall not allow any person to make use of information retrieved from the system created pursuant to <u>NRS 485.313</u> for a private purpose and shall not in any other way release any information retrieved from that system.
- 10. The Director shall adopt such regulations as the Director deems necessary to carry out the purposes of this section. In addition, the Director shall, by regulation, establish a procedure whereby a person who is requesting personal information may establish an account with the Department to facilitate the person's ability to request information electronically or by written request if the person has submitted to the Department proof of employment or licensure, as applicable, and a signed and notarized affidavit acknowledging that the person:
- (a) Has read and fully understands the current laws and regulations regarding the manner in which information from the Department's files and records may be obtained and the limited uses which are permitted;
- (b) Understands that any sale or disclosure of information so obtained must be in accordance with the provisions of this section;
  - (c) Understands that a record will be maintained by the Department of any information he or she requests; and
  - (d) Understands that a violation of the provisions of this section is a criminal offense.
  - 11. It is unlawful for any person to:
  - (a) Make a false representation to obtain any information from the files or records of the Department.
- (b) Knowingly obtain or disclose any information from the files or records of the Department for any use not permitted by the provisions of this chapter.
  - 12. As used in this section:
- (a) "Personal information" means information that reveals the identity of a person, including, without limitation, his or her photograph, social security number, driver's license number, identification card number, name, address, telephone number or information regarding a medical condition or disability. The term does not include the zip code of a person when separate from his or her full address, information regarding vehicular accidents or driving violations in which he or she has been involved or other information otherwise affecting his or her status as a driver.
  - (b) "Vehicle" includes, without limitation, an off-highway vehicle as defined in NRS 490.060.
- (Added to NRS by 1957, 611; A 1975, 210; 1979, 1118; 1981, 1590; 1985, 686; 1989, 473; 1993, 2479; 1995, 1926; 1997, 65, 312, 2342; 1999, 1932; 2001, 909; 2003, 454; 2009, 709, 2201, 2273; 2011, 289, 2679)

NRS 482.170 Records of Department concerning registration and licensing. Except as otherwise provided in NRS 239.0115, 481.063 and 485.316, all personal information in the records of registration and licensing in the offices of the Department is confidential and must not knowingly be disclosed by the Department.