



COMMERCIAL REQUESTER ACCOUNT BRANCH LOCATION REQUESTOR CODE(S) APPLICATION

See Instructions on Reverse

Billing Address: Check **one** box only Main Office Branch Location

SECTION A: Main Office

NAME OF BUSINESS	REQUESTER CODE(S) (IF ISSUED)	ACCOUNT NUMBER (IF ISSUED)
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SECTION B: Branch Locations

CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS	DMV USE ONLY		
	<input type="checkbox"/> Same as Main Office <input type="checkbox"/> Basic record only			
CONTACT PERSON NAME/TITLE (INDIVIDUAL RESPONSIBLE FOR ACCESS)		E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER ()	
STREET ADDRESS (PHYSICAL LOCATION REQUIRED)		CITY	STATE	ZIP CODE
MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)		CITY	STATE	ZIP CODE
RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET		CITY	STATE	ZIP CODE

CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS	DMV USE ONLY		
	<input type="checkbox"/> Same as Main Office <input type="checkbox"/> Basic record only			
CONTACT PERSON/TITLE (INDIVIDUAL RESPONSIBLE FOR ACCESS)		E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER ()	
STREET ADDRESS (PHYSICAL LOCATION REQUIRED)		CITY	STATE	ZIP CODE
MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)		CITY	STATE	ZIP CODE
RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET		CITY	STATE	ZIP CODE

CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS	DMV USE ONLY		
	<input type="checkbox"/> Same as Main Office <input type="checkbox"/> Basic record only			
CONTACT PERSON/TITLE (INDIVIDUAL RESPONSIBLE FOR ACCESS)		E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER ()	
STREET ADDRESS (PHYSICAL LOCATION REQUIRED)		CITY	STATE	ZIP CODE
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RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET		CITY	STATE	ZIP CODE

CORPORATION OR OCCUPATIONAL LICENSE NUMBER OF BRANCH	REQUESTER CODE ACCESS	DMV USE ONLY		
	<input type="checkbox"/> Same as Main Office <input type="checkbox"/> Basic record only			
CONTACT PERSON/TITLE (INDIVIDUAL RESPONSIBLE FOR ACCESS)		E-MAIL ADDRESS	DAYTIME TELEPHONE NUMBER ()	
STREET ADDRESS (PHYSICAL LOCATION REQUIRED)		CITY	STATE	ZIP CODE
MAILING ADDRESS (IF SAME AS PHYSICAL LOCATION, SO STATE)		CITY	STATE	ZIP CODE
RECORD STORAGE ADDRESS (PHYSICAL LOCATION WHERE RECORDS WILL BE MAINTAINED FOR ON-SITE INSPECTION, REVIEW OR AUDIT BY DMV) STREET		CITY	STATE	ZIP CODE

COMPLETED BY (NAME AND TITLE) _____ DATE _____

X

IMPORTANT

Information provided on this form is Public Record. Information that is confidential according to statute will be masked prior to release.
Applicant must retain a copy of the application for their records.

INSTRUCTIONS FOR COMPLETING THE COMMERCIAL REQUESTER ACCOUNT BRANCH LOCATION REQUESTOR CODE(S) APPLICATION

IMPORTANT

KEEP COPIES OF ALL FORMS FOR YOUR RECORDS PRIOR TO SUBMITTING THEM TO THE DMV.
COPIES WILL NOT BE RETURNED

WHAT IS A BRANCH LOCATION?

For purposes of completing this application, a "Branch Location" is defined as "an offshoot, lateral extension, or division of an institution with a separate physical location." In order to be enrolled as a Branch Location, the branch must be operating under the same corporate number or Occupational License as the account holder. If separate corporation numbers or Occupational License numbers are indicated, they must complete an application for a separate Commercial Requester Account (CRA).

FEE:

There are no additional application fees for branch locations.

BILLING INFORMATION:

Main Office or Branch Location Billing Information – Each branch location will be issued a separate requester code. The monthly billing invoice is automatically mailed to the branch location (when information is received directly from the DMV) unless you indicate that you want the billing invoice mailed to the main office. Check the appropriate box where you want billing invoices mailed.

Note: This only applies if information is being purchased directly from the DMV.

SECTION A

Complete as many copies of form INF 1106BL as needed but be sure to provide the Name of the Business on each form and number them properly (i.e., 1 of 22). In addition, include the Requester Code Number(s) and Account Number(s), if already issued, of the account holder.

SECTION B

Complete for each branch location as follows:

Corporation or Occupational License # of Branch – Provide the Corporation or Occupational License # under which the branch location is operating. Please remember, if the branch location has a separate Corporation or Occupational License, they must complete an application for a separate CRA.

Requester Code Access – If the main office and specified branch locations are to have the same type of access, mark "Same as Main Office." If the Main Office is authorized to and is receiving residence address information and the branch locations are to be restricted to basic record information only (i.e., no residence addresses), mark "Basic record only".

DMV USE ONLY – Leave Blank.

Contact Person Name/Title, E-Mail Address, Daytime Phone – Please provide the name, e-mail address (if applicable) and daytime phone number of the individual who will be responsible for the branch location's access.

Street Address – Please provide the physical address of the branch location including number, street, city, state and zip.

Mailing Address – Please provide the mailing address of the branch location where you would like DMV information mailed. If same as street address, state "Same".

Record Storage Address – Please provide the physical location where records will be maintained for on-site inspection, review or audit by DMV or designated representative.