

Nebraska Department of Motor Vehicles
Uniform Motor Vehicle Records Disclosure Act

Memorandum of Understanding with the Agency for use of Department of Motor Vehicles
Records

The purpose of this Memorandum of Understanding is to make all employees or agents of agencies contracting with the Department of Motor Vehicles to receive personal or sensitive personal information from a motor vehicle records aware of the controls that are necessary to ensure that the Department and its contractors adhere to the **Uniform Motor Vehicle Records Disclosure Act, Neb.Rev.State.60-2901 et. seq.**

Information Protected

Under the Act the Department is required to protect the personal information and sensitive personal information on all motor vehicle records.

- Personal information includes: an individual's driver identification number (driver's license number, license plate number or title number); name; address, excluding zip code, and telephone number.
- Sensitive personal information includes an individual's operator's license photo or image, social security number, and medical or disability information.

Personal information and sensitive personal information from records provided by the DMV shall not be released to anyone unless the person requests information for an exempted use from DMV, as outlined below, on a DMV specified form. The form for requesting release of personal information in driver records is available at <http://www.dmv.state.ne.us/dvr/pdf/drvrecapp.pdf>. The form for requesting release of personal information in motor vehicle records is <http://www.dmv.ne.gov/dvr/pdf/vehrecapp.pdf>. The form must be presented to the DMV for release of personal information.

Personnel at the contracting agency may only use DMV records for the following purpose: To maintain motor vehicle crash data to assure that data is accurate and complete pursuant to Neb.Rev.Stat. 60-695 and 60-699; to prepare, implement, and evaluate projects and activities associated with Nebraska's annual federally required Federal Highway Safety Plan; to analyze individual records for driver behavior history and potential predictors of serious crash involvement; to analyze vehicle records for vehicles involved in fatal crashes to determine trends or potential characteristics; and for human resources review of driver records for new hires, and review driver records of CDL holders employed by the Agency.

The above use is permitted by **Uniform Motor Vehicle Records Disclosure Act, Neb.Rev.Stat. 60-2901 et. seq. which provides the following exempted use(s):**

1) For use by any federal, state, or local governmental agency, including any court or law enforcement agency, in carrying out the agency's functions or by a private person or entity acting on behalf of a governmental agency in carrying out the agency's functions.

Disclosure of Information/Record Keeping Requirements

Before any personal information (or sensitive personal information) is disclosed from a motor vehicle record, the employee, agent or contractor that is disclosing the information must verify that the use listed on the request is an exempted use under the Act and must verify the identity of the person making the request by examining an approved form of identification. Copies of these request forms shall be maintained in your office for 5 years and available for inspection by DMV upon request.

Penalties

You should be aware of the following penalties that apply for unauthorized access to DMV records:

- For each day of non-compliance, the Agency may be subject to a \$5,000.00 fine. Non-compliance may include one record being disclosed improperly.
- Any person requesting the disclosure of personal information from Department records who misrepresents his/her identity or makes a false statement to the Department on any record request shall be guilty of a Class IV felony.
- Any officer, employee, agent, or contractor of the Department that knowingly discloses or knowingly permits disclosure of sensitive personal information shall be guilty of a Class I misdemeanor and shall be subject to removal from office or discharge at the discretion of the Governor or agency head, as appropriate.

Certification of Understanding

I certify that I have read and acknowledge the foregoing Memorandum of Understanding and, if I am in a supervisory capacity, agree to notify all employees in my office of these requirements.

Employee (printed name) _____ Employee (signature) _____

Agency Supervisor (printed name) _____ Supervisor (signature) _____

Agency _____ Date _____