U.S. Department of Transportation
Federal Motor Carrier Safety Administration

FMCSA IT
CDLIS Account Request Form

This form is used to request CDLIS accounts for new users, and to request new accounts for existing users. Only users with a valid enforcement need will be granted access to CDLIS.

Section 1: User Information

First   Middle   Last

SI / Badge Number *(if any)*   Job Category

Organization   Office Type

Email   Phone   Ext

Security Identification Question

Security Identification Answer

Section 2: FMCSA CDLIS Security Certification *(Required for all CDLIS requests.)*

I, _____ , agree to abide by the following restrictions.

Data obtained using the FMCSA CDLIS Gateway is coming from State databases subject to the Driver Privacy Protection Act (DPPA)(18 U.S.C. 2721 - 2725). The States own the CDLIS data accessed using the FMCSA CDLIS Gateway. FMCSA owns all data recorded for monitoring the FMCSA CDLIS Gateway. The following security certification and procedures are in addition to the FMCSA IT Systems Rules of Behavior.

The DPPA defines the following as personal information releasable only for permitted uses: driver's name, address, phone number, Social Security Number, driver identification number, photograph, height, weight, gender, age, certain medical or disability information, and fingerprints (if kept by that State.) **Only those organizations with a valid commercial vehicle safety purpose will be permitted access to CDLIS.dot.gov**. Release by persons permitted to obtain this information for any purpose not officially authorized can subject the individual to personal liability.

1. I agree to exercise due diligence to protect the data from view, access, use, or misuse by others not authorized access for official government program purposes.

2. I acknowledge that any use or release of the data for an unauthorized reason, is subject to disciplinary and legal actions as defined by the FMCSA, the State or local or other Federal government where employed, the State from which the data was obtained as a permissible use under the Driver Privacy Protection Act (DPPA), or private citizen suing under authority of the DPPA.

3. I have been informed that all data transmissions are logged and reported as part of the usage oversight and monitoring program, and I have been informed of the oversight monitoring processes applied to my usage, and agree to abide by its requirements in addition to those in the FMCSA IT Systems Rules of Behavior.

Organization Name

CDLIS User Identification

Signature   **Date**

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• Section 3: Organization Coordinator Confirmation and Authorization

I authorize the above-named user be granted access to CDLIS data through the Federal Motor Carrier Safety Administration (FMCSA) gateway provider.

Organization Coordinator FMCSA CDLIS Usage Responsibilities

1. Coordinators are signing on behalf of the requested user and will be held accountable for monitoring usage.

2. Coordinators will promptly initiate action, requesting suspension or removal of this user's access privileges to FMCSA Technical Support if the usage appears questionable.

3. Coordinators are responsible for informing users that data acquired using the FMCSA CDLIS system must only be used for enforcement, investigation, research, or monitoring programs defined under the programs of the FMCSA or other authorized Federal agencies, and apprising the user he/she is responsible for protecting the data from view, access, use, or misuse by others not authorized as users of the FMCSA CDLIS Gateway.

4. Coordinators are responsible for having users sign the FMCSA CDLIS Security Certification form (Section 2 of this form), and providing users with a copy of the document "FMCSA CDLIS Monitoring and Security Procedures."

5. Coordinators are responsible for apprising users unauthorized use of State data is subject to State specific laws governing use of data in compliance with the Driver Privacy Protection Act, as well as potentially being personally sued by a driver whose personal data is used or released for any purpose not officially authorized.

Organization Coordinator Authorization

Organization Name

Coordinator

Address

Add'l Address

City   State   ZIP

Email   Phone   Ext

By signing below, I agree to abide by the Responsibilities listed above:

**Coordinator
Signature**   **Date**

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Do not send these pages with your application.
Please read these instructions carefully.
The form has been updated and the request process has changed.
Questions can always be directed to
Phone: (617) 494-3003, option 1 or
Email: FMCTechSup@dot.gov

Submission Information:

- This document is a .pdf form.
- It shall be completed electronically and signed digitally.
- It shall be sent via email for processing to the FMCSA Accounts Management Group.

  Email: FMCTechSup@dot.gov.

  Please include "Accounts Management" in the subject line.

Note: As a signature is required for each section, requests must either use digital signatures with Adobe Acrobat or Adobe Approve. Scanned documents will not be accepted unless all signatures are complete

Section 1 **User Information**

Each applicant needs to fill out this section.

- Please enter the applicant's legal name. It is critical that the user's full formal name be included and that it be legible.

- SI number or Badge number is required information for some systems. If the user does not have an SI/ badge number please indicate NONE.

- Please select a Job Category from the list provided. Choose one of:
    - CMV Inspector / Officer / Trooper
    - Investigator / Auditor
    - MCSAP Program Mgt (States)
    - FMCSA Division Mgt
    - FMCSA Service Center
    - FMCSA Attorneys
    - FMCSA Data Analyst
    - HazMat Specialist
    - Medical Program Specialist
    - Technical Support

- Organization is a required field. Use the same Organization name that is associated with the user's FMCSA Portal account.

- Office Type is a drop-down field to choose from a list of agency classifications. This information is required; it ensures proper access to application functionality. Office Type Options are:
    - FMCSA Headquarters
    - FMCSA Service Center
    - FMCSA Division Office
    - MCSAP Lead State Agency
    - PRISM State Agency
    - Other State Agency
    - Other US Government
    - Government Contractor

- Enter contact information for the user including a valid work email address, for example: John.Doe@dot.gov. This email address will be used as the CDLIS account login. It <u>must</u> be a valid, official, CMV enforcement agency email address.

- Security Question and Answer: The question will be used by Tech Support to verify the user's identity over the phone. A matching answer by the user is required to unlock an account or to change a password. The question must be selected from the provided list. The answer should be unique for each user so that only the individual user will be able to answer correctly.

Section 2 **User's CDLIS Security Certification**

a. **IMPORTANT:** Read the certification statement in its entirety before signing.
b. If the user agrees to the certification requirements stated in this form,
    a. Ensure the Organization Name is correct
    b. Ensure the CDLIS User Identification is correct (the user's email address)
c. Sign the form
    a. The user's e-signature is required. This signature represents the user's acknowledgement of the CDLIS security certification.
    b. Select the date the document was signed.
d. **IMPORTANT**: The user <u>must</u> have read and agreed to the FMCSA IT Rules of Behavior through the FMCSA Portal, or by completing the IT Rules of Behavior Form. If using the Rules of Behavior form, it must be submitted with the CDLIS Account Request Form.

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- Section 3 **Organization Coordinator Confirmation and Authorization**

  - The Organization Coordinator (OC) must read and understand the Usage Responsibilities.

  - Complete the OC section of the form.
    - Ensure the Organization Name is correct and matches the OC's FMCSA Portal Organization
    - Enter the OC's name
    - Input the Organization's address, city, state, and ZIP Code.
    - Enter the OC's email address. This shall be the same, valid, official, CMV enforcement agency email address as used on the OC's FMCSA Portal profile.
    - Enter a contact phone number for the OC.

  - Sign the form
    - The OC's e-signature is required. This signature represents the OC's acknowledgement of the CDLIS security certification. This signature represents acknowledgement of the OC CDLIS Usage Responsibilities and authorization for the user's need to have access to CDLIS.
    - Select the date the document was signed

Submission

The completed form is now submitted to FMCSA Technical Support, Accounts Management via email. Processing of this account request can take up to 7 days.