

Dealer Inquiry Tool

Iowa Department of Transportation ARTS System

MVD Learning & Development

Audience: Iowa vehicle dealers who need access to Dealer Inquiry Tools in ARTS.

Overview: This document provides the process needed to request access to the Dealer Inquiry Tools in the Iowa Department of Transportation's ARTS System. Access to the Dealer Inquiry Tools can be found at <https://arts.iowadot.gov/login.aspx> and includes the following features:

- Credit Calculator
- Fee Estimator
- Registration Inquiry
- Truck Rate Calculator
- Vehicle Inquiry
- Weight and List Price Calculator

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Helpful Resources

- Iowa DOT- MVD Dealer Resource Site: <https://iowadot.gov/registration-plates/dealerships/dealer-licenses-requirements>
- [Form 431069: Privacy Act Agreement for Request of Motor Vehicle Records](#)

Accessing Dealer Inquiry Tools: Application Process and Privacy Requirements

A representative of the dealership is required to complete this process to apply for access to the Dealer Inquiry Tools in ARTS:

1. The representative of the dealership completes [Form 431069: Privacy Act Agreement for Request of Motor Vehicle Records](#), also known as a Driver's Privacy Protection Act (DPPA) Form, using wet ink. The steps for filling out the form are found starting on [page 3](#) of this job aid.
2. **A new dealership** must also submit an ARTS Access Letter of Intent that clearly outlines how the dealership intends to use the data in ARTS. An outline for the letter of intent can be found on [page 6](#) of this job aid.
3. The representative of the dealership should send the completed [DPPA Form](#) and a legible copy of their current driver's license or state issued non-driver identification (plus letter of intent, if applicable) to:

privacy.agreements@iowadot.us

OR

Privacy Agreements
PO Box 9278
Des Moines, Iowa 50306-9278

4. Account access is valid for two years, and dealerships are responsible for ensuring the agreement is renewed.
 - For renewals, dealers must resubmit a [Driver's Privacy Protection Act \(DPPA\) Form](#) following the same directions as found on [page 3](#) of this job aid.
 - If not renewed, access will be disabled until a new DPPA form is received and approved.

Completing the Privacy Act Agreement for Request of Motor Vehicle Records Form

A representative of a dealership is required to complete [Form 431069: Privacy Act Agreement for Request of Motor Vehicle Records](#), also known as a Driver's Privacy Protection Act (DPPA) Form, when requesting an account to access the Dealer Inquiry Tools. Follow the steps below to complete the form using wet ink.

Page 1:

1. Complete "Part A. Requester Information" on page 1.
2. Check the box under "Other" that states "I am requesting on-line record access."
3. Check the "Dealer" box.
4. Complete the Name of requestor (Last, First, Middle Initial), Address, Driver's License or Non-Driver's license ID Number, City, State, Zip, Work email, Telephone Number.
5. Complete the "Requestor is an Authorized Representative of" (this would be the name of the dealership), Dealership License number, Dealership Address, City, State and Zip Code.
6. Skip Part B.

Form 431069 (01-20)

PO Box 9278 | Des Moines, IA 50306-9278
Phone: 515-244-1052 | FAX: 515-237-3056
E-mail: privacy.agreements@iowadot.us

IOWA DOT
Motor Vehicle Division

☐ New ☐ Renewal

**PRIVACY ACT AGREEMENT
FOR REQUEST OF MOTOR VEHICLE RECORDS**

Please type or use black ink.

INSTRUCTIONS:		OFFICIAL USE ONLY	
<ul style="list-style-type: none"> This Privacy Act Agreement for Request of Motor Vehicle Records must be completed and approved before a Requestor can obtain personal information or highly restricted personal information from the Iowa Department of Transportation. Only Requestors who meet the criteria outlined in Part C are eligible to obtain such information from the Iowa Department of Transportation. This Agreement must be completed with all required attachments before the Iowa Department of Transportation will consider a request for motor vehicle records. Requestor must attach a legible photocopy of his or her driver's license or non-driver identification card. Requestor must print his or her full name on each page of this Agreement. An Iowa Department of Transportation employee will contact Requestor to advise whether the request is approved or denied. 		Date Received: / / Authorized Access For: Requested: <input type="checkbox"/> Personal Information: <input type="checkbox"/> Allowed: <input type="checkbox"/> Highly Restricted Personal Information: <input type="checkbox"/> Authorized By: DOT employee: <input type="checkbox"/> User ID given: _____ Password given: _____ VTN record given: <input type="checkbox"/> VTNP record given: <input type="checkbox"/> Record access given: <input type="checkbox"/> Photo File access given: <input type="checkbox"/> Requested access denied: <input type="checkbox"/> Date access given/denied: / / Legal Reviewer: _____ Date of review by Legal: / /	
PART A. REQUESTOR INFORMATION (This Section Must Be Completed. Each blank space in this Part must be completed. If you do not provide information for a space, you must write "N/A" for "not applicable".)			
Please Check One Box: <input type="checkbox"/> I am requesting a copy of my own record. <input type="checkbox"/> I am requesting a copy of the record of another person, and I have attached their written consent. <input type="checkbox"/> Other - for all other record requests, you must check at least one of the following boxes: <input type="checkbox"/> I am making a one-time request, and I will use the record one time and for one purpose. <input checked="" type="checkbox"/> I am requesting on-line record access. <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle <input checked="" type="checkbox"/> Dealer (Skip Part B of this form if you are requesting record access.) <input type="checkbox"/> I am requesting access for Salvage Vehicle Theft Exam Program. <input type="checkbox"/> I am requesting Photo File access. (Skip Part B of this form if you are requesting Photo File access.)			
Name of Requestor (Last)		Name of Requestor (First)	
Doe		John	
Address		Driver License or Non-Driver ID Number	
1234 Main Street		111AA1111	
City		State	
Des Moines		Iowa	
ZIP Code		50306	
Work Email Address		Telephone Number	
test_email@work.com		515-123-4567	
Fax Number		D- 9999	
Requestor is an Authorized Representative of (List Name of Person or Entity)		LBI dealer number if dealership	
ABC123 Auto Dealer LLC			
Person/Entity Address		City	
1234 Sycamore Street		Des Moines	
State		ZIP Code	
IA		50306	
PART B. INFORMATION REQUESTED (Provide As Much Information As Possible If This Is A One-Time Request)			
Name (Last)		Name (First)	
Address		City	
State		ZIP Code	
Driver License or Non-Driver ID Number		Date of Birth	
Social Security Number		Sex	
		<input type="checkbox"/> M <input type="checkbox"/> F	
Year and Make of Vehicle		Vehicle Title Number	
License Plate Number		Vehicle Identification Number (VIN)	

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Page 2: Not applicable for dealers.

Page 3:

7. Complete item #8, on page 3.

Provide the information for the supervisor or manager of the person requesting access. This is the person the Iowa DOT will contact if there are questions about the business's use of the website. They will also need to inform the Iowa DOT when a current or former employee no longer requires ARTS access, so the account can be disabled.

8. Initial block 8.

Print Requestor's Full Name

PART C. (continued)

8. _____ The records will be used in the normal course of business by a legitimate business or its agents, employees, or contractors **but only** (i) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors, and (ii) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purpose of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.

7. _____

Name of business: ABC123 Auto Dealer LLC	Name of business's DPPA contact: Joe Supervisor	Business tax ID number: 42-1234567
Telephone number of DPPA contact: 515-123-4567	Email address of DPPA contact: Boss.test.email@work.com	

9. _____ The records will be used in research activities and for use in producing statistical reports, but the personal information in the records will not be published, re-disclosed, or used to contact the individual. (A written explanation detailing the reasons you contend that you qualify for access under this category **must** be attached to this Agreement.)

10. _____ The Requestor is a licensed private investigative agency or licensed security service, and the Requestor will use the record for a permitted purpose. (Photocopy of Iowa Private Investigator's License must be attached. Also, if you claim access under this paragraph, you must initial another paragraph indicating the permitted use, and you must provide any applicable attachments required therein.)

Name of private investigative agency or licensed security service:	Iowa license number:
Name of agency or service's DPPA contact:	Telephone number of DPPA contact:
	Email address of DPPA contact:

11. _____ The records will be used in connection with the operation of a private toll transportation facility.

Name of private toll transportation facility:	Licensing entity and number:
Name of facility's DPPA contact:	Telephone number of DPPA contact:
	Email address of DPPA contact:

Penalty: Title 18, United States Code, section 2723 provides that anyone who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under 18 U.S.C. § 2721, shall be liable to the individual to whom the personal information pertains, including an award of the greater of actual damages or liquidated damages of \$2,500.00 for each violation, punitive damages upon proof of willful or reckless disregard of the law, reasonable attorneys' fees and other litigation costs, and such other equitable relief as the court may order. Anyone requesting the disclosure of personal information who misrepresents his or her identity or makes a false statement in connection with any request for personal information with the intent to obtain personal information in a manner not authorized by law shall be subject to criminal prosecution.

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Page 4:

9. Initial items 1 through 8 of Part D.
10. Initial item 9b and fill in the "Title or representative/official capacity".
11. Initial item 10.
12. Read the bottom block and fill in the date and sign on the "Requestor's Signature" and print your full name in the "Please Print Requestor's Full Name" line.

Print Requestor's Full Name _____

PART D. CERTIFICATION (This Section Must Be Completed)

By signing this Privacy Act Agreement Request for Motor Vehicle Records and **initialing** each item below, I, the Requestor, certify that:

9. 1. I am familiar with all provisions of the federal Driver Privacy Protection Act of 1994, 18 U.S.C. §§ 2721-2725, and Iowa Code section 321.11, which limit access to personal information and highly restricted personal information from the Iowa Department of Transportation's motor vehicle records.
9. 2. I understand that "personal information" means information that identifies an individual, including an individual's photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information. I further understand that "highly restricted personal information" means an individual's photograph or image, social security number, and medical or disability information.
9. 3. I will abide by the terms of federal and state law, including, but not limited to, those laws restricting access to personal information and highly restricted personal information from the Iowa Department of Transportation's motor vehicle records only to those persons and for those purposes which are permitted under both laws, and for no other purpose.
9. 4. I understand that I am prohibited from re-disclosing the information I obtain from the Iowa Department of Transportation pursuant to this Agreement, except in accordance with applicable law.
9. 5. I will keep a record for five (5) years of the following: (1) all persons to whom I re-disclose or re-sell information obtained under this Agreement, and (2) the purpose for which the information is to be used. I agree to make such records available to the Iowa Department of Transportation upon request.
9. 6. I shall be liable for, and shall indemnify, defend, and hold harmless the Iowa Department of Transportation, its agents, officers, and employees for any misuse or misappropriation of any personal information in a record obtained from the Iowa Department of Transportation in connection with this Agreement, including misuse or misappropriation by any of my employees, servants, agents, or contractors.
9. 7. I shall further indemnify, defend, and hold harmless the Iowa Department of Transportation, its agents, officers, and employees, for and against any and all losses, damages, judgments, liabilities, or similar costs and expenses which arise in whole or in part out of my acts or omissions with respect to the laws restricting access to and disclosure of motor vehicle records including, without limitation, reasonable attorneys' fees and all other costs of defending against such action or claim.
9. 8. I have attached a legible photocopy of my driver's license or non-driver identification card.
9. 9a. In executing this Agreement, I am acting on my own behalf, and not as an employee, agent, officer, conservator, attorney-in-fact, or other representative or official capacity for another person or entity. (If you initial this paragraph, skip paragraph 9b. If you do not initial this paragraph, please continue to paragraph 9b.)
10. 9b. In executing this Agreement, I am acting as an employee, agent, officer, conservator, attorney-in-fact, or other representative or official capacity for another person or entity. I have proper authority to execute this Agreement on behalf of such person or entity, and to bind such person or entity to the requirements of this Agreement, including, but not limited to, the requirements of paragraphs 3, 4, 5, 6, and 7 of this Part D. My execution of this Agreement is my free and voluntary act and the free and voluntary act of such person or entity, and so binds such person or entity. (If you do not have proper authority to execute this Agreement on behalf of such person or entity, do not initial this paragraph and do not execute this Agreement. The Agreement should be executed on behalf of another person or entity only by a person with the proper authority to do so. If you initialed this paragraph, you must provide your title or representative/official capacity on the line below.)
11. Title or representative/official capacity: _____
10. 10. I understand that, if the Iowa Department of Transportation grants me access to Motor Vehicle Records by way of this Agreement, and then, at any time thereafter, finds that I have misused or misappropriated such records, the Iowa Department of Transportation may, with or without notice to me, terminate my access to such records.

The Iowa Department of Transportation reserves the right to request additional information to determine proper authority to execute and enter into this Agreement.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that all information completed and contained in Parts A, B, C, D, and any attachments hereto, is true and correct.

I so certify this _____ day of _____, 20____

Requestor's Signature _____

Please Print Requestor's Full Name _____

This Privacy Act Agreement For Request of Motor Vehicle Records replaces all previous Privacy Act Agreements on file with the Iowa Department of Transportation.

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ARTS Access Letter of Intent for New Dealerships

New dealers requesting access to the Dealer Inquiry Tools in ARTS can use this outline for the Letter of Intent to be submitted as part of the application process from [page 2](#) of this job aid. The dealer's Letter of Intent must clearly identify how the dealership intends to use the data in ARTS and be accompanied by [Form 431069: Privacy Act Agreement for Request of Motor Vehicle Records](#).

LETTER OF INTENT

On Your Company Letterhead

1234 Alphabet Drive
Des Moines, IA 50309

Before you are eligible for online access to ARTS your company must provide us with a Letter of Intent. Your Letter of Intent must include the following information:

- 1). The Letter must be on company letterhead.
- 2). The Letter must be signed by the business owner, company president or CEO. If your business is a dealership, the Letter should be signed by a dealer license holder.
- 3). The Letter must include an explanation of the company's intended use of the records, if access is approved. If your company is a dealership, you must include the dealer number.
- 4). The Letter should include the name and email address of the person whom the company has nominated to be the DPPA contact person. The DPPA contact person will be responsible for promptly letting us know that any employee with an ARTS user account has left your employment so we may disable that account immediately. The DPPA contact person is also the person we will contact if we have concerns about your business' use of your ARTS access.
- 5). The Letter should be sent to: privacy.agreements@iowadot.us
- 6). If you have questions, you may send those questions to: privacy.agreements@iowadot.us

Thank you.

The representative of the new dealer requesting access to the Dealer Inquiry Tools in ARTS should send the completed [DPPA Form](#) and a legible copy of their current driver's license or state issued non-driver identification plus the letter of intent to:

privacy.agreements@iowadot.us

OR

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