




Request for Petty Cash Check

(Not Required for Travel Expense Advance)

Please complete applicable blocks when requesting petty cash check.

Date of Request 3/9/2009		Purpose / Justification Field video surveys will be performed for the CRC project. The video survey data will then be transmitted to Oregon DMV and through DMV database, home addresses will be provided for Origin & Destination survey.			
Purchase Authorization G4					
Job Number / Group XL2268/70	Work Op 0150	Obj. Acct. JK01	Org Code 441101	Control Section 060101	Non-Part.
Name of Requestor Keith Daly					

Attach Invoice Below

Vendor Code	Vendor Name Oregon DMV				
Vendor Address (If not on Invoice) 1905 Lana Ave NE Salem OR 97314-2250					
Petty Cash Check Information	Number	Date	Amount \$70.00		
Receiving Signature (If not on Invoice)			Approving Authority 		



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

BUSINESS CONTACT INFORMATION

▼ FOR AGENCY USE ONLY ▼

ACCOUNT NUMBER	
ACCOUNT TYPE	
DATE OPENED	
REASON CLOSED	
RECEIVED	
RETURNED	
APPROVED BY	DATE
REOPENED	DATE

A. IDENTIFICATION NUMBERS

FEDERAL EMPLOYER ID NUMBER: 916001068

Washington OR
OREGON DRIVER LICENSE NUMBER: RECK*DR 267LS

AND

SOCIAL SECURITY NUMBER*: _____

* I am providing my Social Security Number on a voluntary basis. I understand that I cannot be compelled to provide it or be denied consideration solely for the failure to provide it. It may be used to verify my identification, credit and employment information, and be used for collection purposes.

B. NAME, ADDRESS, AND TELEPHONE NUMBER

COMPANY NAME
WSDOT

CONTACT PERSON
Dennis Reck

TITLE
Assistant Highway Engineering Manager

MAILING ADDRESS (IF DIFFERENT THAN STREET ADDRESS)

CITY STATE ZIP CODE

STREET ADDRESS
700 Washington St

CITY STATE ZIP CODE
Vancouver WA 98660

TYPE OF BUSINESS
Government Agency

TELEPHONE NUMBER (AND EXT. IF ANY)
(360) 816 8879

FAX NUMBER
(360) 737 0294

CONTACT PERSON E-MAIL ADDRESS
ReckD@columbiaiverc.org

C. AUTOMATED REPORTING SERVICE

ARS I WANT THE AUTOMATED REPORTING SERVICE (ARS) FOR MY DRIVERS.
For more information call: 503 945-5427.

NAME OF APPLICANT (PRINTED) TITLE TELEPHONE NUMBER (AND EXT. IF ANY)

()

SIGNATURE OF APPLICANT DATE

X

**A FEE OF \$70 MUST ACCOMPANY THIS APPLICATION.
IF APPLICATION IS DENIED, THE FEE WILL BE RETURNED.**

MAIL APPLICATION, BUSINESS CONTACT INFORMATION, CERTIFICATION STATEMENT AND \$70 TO:
(PAYABLE TO "OREGON DMV")

Oregon DMV
Records Policy Unit
1905 Lana Ave NE
Salem OR 97314-2250

If you have questions please e-mail:
odotdmvrecordspol@odot.state.or.us
or call (503) 945-7950



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1906 LANA AVE. NE. SALEM OREGON 97314

RECORD INQUIRY ACCOUNT APPLICATION

ACCESS TO DMV RECORDS IS HIGHLY RESTRICTED. IF YOU KNOWINGLY OBTAIN OR USE PERSONAL INFORMATION IN VIOLATION OF ORS 802.175 – ORS 802.191 FROM A MOTOR VEHICLE RECORD, YOU MAY BE SUBJECT TO CRIMINAL PROSECUTION OR A CIVIL ACTION.

Under Oregon law, only certain entities qualify to receive personal information from DMV records and these entities can only use the information for specific purposes outlined in Oregon's Record Privacy Law (ORS 802.175 – 802.191). If information is protected, it will not be released unless an entity qualifies to receive the information. As defined in Oregon's Record Privacy Law, personal information means the following information that identifies an individual:

- Driver License, Driver Permit or Identification Card Number
- Name
- Address
- Telephone Number

RECORD USE QUESTIONS

Please answer all of the following questions. If any question is left unanswered or incomplete, your application will be returned to you for completion.

1) – Explain in detail how you intend to use Oregon DMV Records:

Field video surveys will be prepared for the Columbia River Crossing project. The video survey will record the license plate number of passenger cars crossing the Columbia River. With the information home addresses will then be obtained with access to DMV data base and vehicles will be mailed a survey.

2) – Estimate your number of monthly requests:

**30 *Note: car volumes generated will be in the tens of thousands.*

3) – Will personal information be provided to others?

YES NO

If "YES," to whom? *Stantec*

If "YES," how? INTERNET TELEPHONE FAX *email*

4) – Will record holder be personally contacted?

YES NO

If "YES," why? *vehicles will be mailed an origin and destination survey to aid in tolling modeling*

5) – After you use DMV records as stated in Question #1, do you then intend to resell or redisclose Oregon DMV records?

YES NO

If "YES," to whom? _____

If "YES," for what purpose? _____

Please note that anyone you resell or redisclose personal information to AFTER you have used the record must come directly to DMV to be authorized to receive the personal information pursuant to ORS 802.181. If you do not comply with this requirement and you resell or redisclose personal information to someone who has not been authorized by DMV to receive it, your account will be closed. Please contact DMV at (503) 945-8906 or (503) 945-8905 if you have any questions about this requirement.

6) – How will you ensure Oregon DMV records are not accessed or provided to unauthorized parties?

Oregon DMV records will not be shared and all applicable laws and regulations will be followed.

7) – Who in your business will have access to Oregon DMV records?

Coley Litor, Devin Rock, Stanton, WIDOT, ODOT

8) – What time of day will Oregon DMV records be utilized?

NORMAL BUSINESS HOURS (8 am – 5 pm)

AFTER HOURS (5 pm – 8 am)

9) – Have you, your partners, any corporate officer, or the business previously applied for, had, or has an account with Oregon DMV?

YES **NO**

If "YES," under what Name? _____

If "YES," under what Account Number? _____

If "YES," When? _____

10) – My website address is:

www.columbia.river.crossing.org

CIVIL AND CRIMINAL PENALTIES FOR MISUSE OF DMV INFORMATION

- (1) I understand if the information is misused and/or if personal information is obtained or re-disclosed improperly that I may be subject to criminal prosecution or a civil action and the account will be closed.
- (2) ORS 802.189 is the criminal penalty for violation of ORS 802.175 – 802.187.
 - Knowingly obtaining or using personal information from a motor vehicle record in violation of ORS 802.175 – 802.187 is a Class A misdemeanor.
- (3) ORS 802.191 is the civil action for violation of ORS 802.175 – 802.187.
 - A person aggrieved by an intentional violation of ORS 802.175 – 802.187 may bring an action at law against a person who has knowingly obtained or used personal information about the aggrieved person in violation of ORS 802.175 – 802.187. The action shall be for actual damages or \$2,500, whichever is greater, plus attorney fees and court costs reasonably incurred in the action.
 - A person aggrieved by a violation of ORS 802.175 – 802.187, a District Attorney or the Attorney General may obtain appropriate relief to enforce ORS 802.175 – 802.187, together with attorney fees and costs reasonably incurred in an action for relief.
 - Any person whose use or obtaining of personal information in violation of ORS 802.175 – 802.187 subjects the State of Oregon to any liability or claim shall indemnify and hold harmless this state from all such liability and any claims, including attorney fees and court costs, incurred in any proceeding arising under ORS 802.175 – 802.187.

I certify I have read and understand the privacy rules and regulations as stated in this application, all of the information I have provided is true and correct, and the information obtained will be used only for the purpose stated above in accordance with Oregon law.

APPLICANT NAME (PRINTED)

Devin Rock

TITLE

Assistant Highway Engineering Manager

APPLICANT SIGNATURE

X

[Signature]

BUSINESS NAME

WIDOT

STATE OF WASHINGTON
DEPARTMENT OF TRANSPORTATION

P. O. BOX 1709
VANCOUVER, WA 98668-1709

2243

DATE 9 MAR 2009

19-2/1250 WA
90902

PAY
TO THE
ORDER OF

Oregon DMV

\$ 70⁰⁰

Seventy and ⁴⁰/₁₀₀

DOLLARS



Bank of America



Public Sector Banking 090902
Washington

FOR _____

[Handwritten signature]

MP

⑈002243⑈ ⑆125000024⑆ 62074703⑈

CAUTION: SAFETY
@2009 American Bank