

FLEET USER

Wisconsin Division of Motor Vehicle (DMV)

eMV Fleet User Application and Authorization Form

Important: Please do not fax this form until the individual(s) listed below have obtained a Wisconsin User ID and password from the Wisconsin Web Access Management System (WAMS) at <https://on.wisconsin.gov>.

To: Dealer and Agent Section, DL Unit Fax: 608-267-0323 Telephone: 608-266-1425

PLEASE COMPLETE:

Organization Name: _____ **Fax:** ____ - ____ - ____ **Tel:** ____ - ____ - ____

Organization Address: _____
Street Address P.O. Box City State Zip Code

Organization Contact: _____ **Date:** ____/____/____

Please indicate one of the following:

- Request for initial eMV Fleet access for organization.
- Request from existing eMV Fleet organization to add/change individual(s).

The following individual(s) should be granted eMV Fleet authorization on behalf of the organization shown above for the role(s) indicated. Note: To grant authorization the email address listed for each individual must correspond with the email address that they used to create their logon.

Last Name	First Name	email Address	Role Number(s) - See below

- 1. Process** - Allows a person to renew fleet vehicles, view fleet vehicles and order stickers
- 2. Manage Fleet** – Allows a person to create and maintain fleets in addition to all capabilities of role 1.
- 3. Maintain ACH** - Allows a person to maintain the organization’s ACH (Automated Clearing House) account information that transfers the funds electronically in addition to all capabilities of roles 1 and 2. (Note: At least one person at the organization must be designated with role 3.)
- 4. Remove** – This choice will result in DMV deleting the person’s access to eMV Fleet. **You must remove a person’s access when the individual authorized on behalf of the organization is no longer employed by the organization.**

I (we) agree that individuals authorized on behalf of the organization will comply with DMV’s eMV Fleet Program Standards. I (we) agree that individuals authorized on behalf of the organization with access to DMV data will only access the data for business related purposes and will comply with all state and federal laws and regulations regarding use of any DMV information.

I (we) agree to indemnify DMV against any intentional or unintentional actions on the part of the user regarding use of the DMV information. The personal data shall be treated as confidential information and shall not be published or re-disclosed, except as authorized by state and federal law. The individuals authorized on behalf of the organization will not sell DMV data. All users are required to adhere to all provisions under the Driver Privacy Protection Section of the Violent Crime Control and Law Enforcement Act of 1994 (DPPA), and the policies and procedures of the DMV regarding data confidentiality and security. Some of the DMV data elements requested are defined by the federal DPPA as personal identifiers. Unauthorized use or release of the data may result in civil or criminal penalties.

I (we) hereby authorize the Wisconsin Department of Transportation to initiate debit entries to my (our) Checking Account/Savings Account indicated during eMV Fleet processing and to debit the same to such account. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until DOT has received written notification from us (organization) of its termination in such time and manner as to afford DOT a reasonable opportunity to act on it.

Authorized signature _____

Printed name and title _____