



**Application for Business Access to PurchaseTNCrash.gov**

This request must be completed and approved before a business account will be created for access to PurchaseTNCrash.gov to obtain electronic crash reports with personally identifiable information.

**SECTION A – Applicant Information [All sections must be filled out]**

Name (Individual, Firm or Corporation):

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Name (Person submitting application, including title/position with company):

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Street Address:

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City State Zip Code:

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Telephone:

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Mailing and Delivery Address (If different from above):

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City State Zip Code:

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## SECTION B – Authorization

*(Please check **ONLY** the statement(s) below that allows you to obtain personally identifiable information from a crash report. Checking all boxes may result in a delay of your application and/or requests for documentation to confirm your eligibility. The Department of Safety and Homeland Security reserves the right to request further documentation to assure the eligibility of any requestor to access personally identifiable information under state and federal law.)*

The applicant certified that it is authorized under the Federal Driver's Privacy Protection Act and the Tennessee Uniform Motor Vehicle Records Act, and Tenn. Code Ann. § 55-10-108 to obtain the identified records and personal information based on the following:

- 1. The applicant is an attorney/law firm who will be accessing crash reports on behalf of clients who have retained their services in connection with the crash. [Use of the database to review crash reports for non-retained clients or other unauthorized purposes, including solicitation of clients, is prohibited, see *Maracich v. Spears*, 133 S.Ct. 2191 (2013).]
- 2. The applicant is a Tennessee licensed private investigator who is employed by an insurance company or a law firm to investigate accidents or retrieve accident reports on behalf of the insurance company or law firm's clients. [Authorization letter for each insurance company and/or law firm must accompany the application].
- 3. The applicant is an authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the crash report(s) being requested will be used only in connection with the following (check all that apply):
  - a. Claims investigation
  - b. Anti-fraud activities
  - c. Rating or Underwriting
- 4. The applicant is an employer of a commercial driver license holder and will be using the crash report to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. § 31301 et seq.
- 5. The applicant is an agent or insurer of an employer of a commercial driver license holder and will be using the crash report to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. § 31301 et seq. [Authorization letter for each insurance company and/or law firm must accompany the application].
- 6. The applicant is an owner of a commercial motor vehicle and will be using the crash report to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. § 31301 et seq.

All authorization letters submitted must be notarized and dated within one (1) month of the date of application.

**SECTION C – Certification & Signatures**

By signing and submitting this application, the applicant certifies, under penalty of perjury, that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver’s Privacy Protection Act, the Tennessee Uniform Motor Vehicle Records Act, and T.C.A. § 55-10-108, and the applicant is authorized to receive personally identifiable information pursuant to Section B, above.

The applicant has also signed the Guidelines for Business Usage of PurchaseTNCrash.gov, which is attached to this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Name of Individual, Firm or Corporation

**SECTION D – FOR DEPARTMENT USE ONLY**

Date Application Received: \_\_\_\_\_, 20\_\_\_\_

Authorization Letters Received (if needed): [Y/N] \_\_\_\_\_

Guidelines for Business Usage of PurchaseTNCrash.gov Received: [Y/N] \_\_\_\_\_

Application Approved: [date] \_\_\_\_\_

Application Denied: [date] \_\_\_\_\_ Reason: \_\_\_\_\_

Employee Name: \_\_\_\_\_