



## MICHIGAN STATE FORM INSTRUCTIONS

The following information will assist you in completing the form to access MVRs in this state.

- Fill in all blanks in **account information** fields completely.
- Sign and date the forms in the fields provided.
- Only a person who is authorized to execute contracts for your company should complete and sign this form.
  
- Fax signed forms to **216-450-5155**:

Intellicorp  
Attn: Tammie Hurt  
1-866-514-3404 (Toll Free for questions)



**State of Michigan – Motor Vehicle Records (MVRs)**

***Insurance/Insurance Claims/Employment/* Subscriber Certification of Use**

I certify to the Michigan Department of State that abstracts of driving records obtained from

INSURANCE INFORMATION EXCHANGE

(Company Name)

shall be used exclusively for the purposes of *rating and qualifying drivers for insurance, insurance claims or employment.*

I further certify that the company designated below further agrees that the information received will be used only in connection with the business purpose specified under this agreement. Additionally, designated company agrees that the information furnished under this Agreement will not be used to engage in any illegal activity, or in any method, act, or practice, which is unfair or deceptive in the solicitation or advertisement of goods, services, or real estate to Michigan or other consumers. Designated company further agrees not to use the information furnished under this Agreement to compile other records for resale or to store, in any shape or form, any record or data received from the Michigan Dept. of State any longer than required by law, and to destroy or otherwise dispose of the data at the earliest time permitted by law.

Subscriber: \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
By:

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)