

Motor Vehicle Report Procedure

Tuesday, December 03, 2013
10:48 AM

Exhibit B

5123:2-9-18 Home and community-based services waivers - non-medical transportation under the individual options, level one, and self-empowered life funding waivers.

<http://codes.ohio.gov/oac/5123:2-9-18>

(5) An agency provider of non-medical transportation shall:

- (a) Ensure that each driver holds a valid driver's license as specified by Ohio law.
- (b) Have or ensure that each driver has valid liability insurance as specified by Ohio law.
- (c) Obtain, for each driver, a driving record prepared by the bureau of motor vehicles no earlier than fourteen days prior to the date of initial employment as a driver and at least once every three years thereafter. A person having six or more points on his or her driving record is prohibited from providing non-medical transportation.
- (d) Require each driver to immediately notify the agency provider, in writing, if the driver accumulates six or more points on his or her driving record or if his or her driver's license is suspended or revoked.
- (e) Ensure that each driver completes testing for controlled substances by a laboratory certified for such testing and be determined to be drug free prior to initially providing non-medical transportation.
- (f) Ensure that each driver completes testing for controlled substances by a laboratory certified for such testing within thirty-two hours and completes testing for blood alcohol level by an entity certified for such testing within eight hours of a motor vehicle accident involving the driver while he or she was providing non-medical transportation when:
 - (i) The accident involves the loss of human life; or
 - (ii) The driver receives a citation under state or local law for a moving traffic violation arising from the accident, if the accident involved:
 - (a) Bodily injury to any person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; or
 - (b) One or more motor vehicles incurred disabling damage as a result of the accident, requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle.
- (g) Develop and maintain written policies and procedures regarding the requirements of its drivers.

Josina Lott will complete all driving abstracts from the Ohio Bureau of Motor Vehicles website at <https://ext.dps.state.oh.us/BMVOnlineServices.Public/DLVerification.aspx?ReturnUrl=%2fBMVOnlineServices.Public%2fSecure%2fDriverAbstract.aspx&CookieCheck=true>. This is a free, unofficial abstract that encompasses two years worth of driving records. As of November 20, 2013, DODD has advised that a two year report contains the information required for complying with its Non-Medical Transportation rule. (See following email from Anita Allen)

From: list-manager@opra.simplelists.com [<mailto:list-manager@opra.simplelists.com>] **On Behalf Of** Anita Allen

Sent: Wednesday, November 20, 2013 9:08 AM

To: opra_members@opra.simplelists.com

Subject: BMV Additional Information

Thank you for your patience as we have been seeking clarification from DODD regarding its non-medical transportation rule in light of the new BMV account authorization process. We have received several additional questions from providers in response to our guidance concerning the BMV's new Account

Authorization Process. Due to some confusion generated by the new BMV process, we sought clarification from DODD on what BMV records providers must review: (1) whether providers may use a two-year report instead of the three-year certified BMV abstract; and (2) whether providers may use a report generated by a third-party, other than BMV.

First, as you know, DODD rules require providers, when reviewing employee and potential employee driving records, to confirm that the driver does not have six or more points on his or her driving record. DODD takes the position that this review encompasses **only two years worth of points**. DODD does not require providers to review three years worth of points, which may be obtained only by reviewing the BMV certified abstract. Accordingly, DODD has advised that a two-year report contains the information required for complying with its Non-Medical Transportation rule, OAC 5123:2-9-18(C) (5)(c).

Second, DODD has confirmed that it currently will accept reports obtained from a third-party vendor, but only so long as the vendor has a contract with the BMV ensuring that the records come directly from the BMV. DODD has indicated that the BMV should be able to provide a list of such vendors.

Please let us know if you have any additional questions.

Anita Allen

To comply with the Non-Medical Transportation rule, JLR&CS carries out the following procedure:

Pre-employment

- The applicant completes the Fair Credit Reporting Act form that notifies the applicant that background checks are conducted on all potential employees.
- Gather the information necessary to complete an abstract during the interview process. This information includes:
 - o Name
 - o Driver's License Number
 - o Date of birth
 - o Social Security Number (last four digits)
- Notify insurance company of the potential new hire. Insurance company will run a driving record check on the applicant and notify JLR&CS if the driver is acceptable. The insurance company is aware that 6 points will disqualify the applicant.
- If the driving record is acceptable, run a motor vehicle report through the BMV. This abstract will be printed and kept in the personnel file upon hire. If the new employees hire date will take place more than 14 days after the BMV abstract has been obtained, a second BMV abstract will need to be run in order to satisfy the 14 day rule (See Rule 5 c above).
- If the driving record is unacceptable, follow the Fair Credit Reporting Act procedure of notifying the applicant in writing.

Current Employees

- Upon hire, all employees must present a valid driver's license. A copy of each employee's driver's license will be kept in the personnel file.
- The expiration date of each employee's driver's license will be documented in a spreadsheet. Each employee will be notified 30 days prior to the expiration date that a copy of the new license must be given to Human Resources.
- If the employee does not provide the new driver's license to Human Resources by the expiration date, they will immediately be suspended until the new license is provided.
- JLR&CS does not have employees drive their own vehicles so there is no need to collect or track car insurance.

- Although DODD requires providers to complete a driving abstract on each employee once every three years, JLR&CS obtains them annually. We feel annual record checks are necessary to efficiently monitor each employee's driving record. These annual record checks are completed every December.



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

OBMV RECORD REQUEST

(Ohio Revised Code [R.C.] 4501.15, 4501.27, AND 4507.53)

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under R.C. 4501.27. Disclosure of this information is **REQUIRED**. **FAILURE** to provide any information will result in this form not being processed.

► **This request is being made by (check one):**

- ☐ **An individual inquiring regarding himself or herself:** (Complete **Part A**) If inquiring in person for information on yourself, you must provide personal information regarding yourself, or prove your identity by presenting your driver license or identification card.
- ☐ **An individual inquiring regarding another person:** (Complete **Parts A and B**) If inquiring regarding another individual, you must attach a notarized BMV Form 5008 giving the written consent of the person. All mail requests without the BMV Form 5008 attached will be returned to the requester.
- ☐ **Other:** (Check applicable reason for request on **Part C**, and complete **Parts A and B**)

► **I am requesting the following personal information contained in the Bureau of Motor Vehicles records:**

<input type="checkbox"/> Driving Record [302] (\$5.00)	<input type="checkbox"/> Copy of Title Record (\$5.00)
<input type="checkbox"/> Last Known Address [405] (Mail in Only) (\$5.00)	<input type="checkbox"/> Vehicle Registration Record [303] (\$5.00)
<input type="checkbox"/> Cosigner w / Date of Loss- _____ [405] (Mail in Only) (\$5.00)	
<input type="checkbox"/> Copy of Driver License Application [405A] (\$5.00)	

PART A: Please provide current information regarding yourself:		NOTE: SIGNATURE REQUIRED	
YOUR NAME (REQUESTER)	DATE OF BIRTH	SIGNATURE X	DATE
CURRENT STREET ADDRESS	CITY	STATE	ZIP
COMPANY (IF APPLICABLE)	BMV ACCOUNT # (IF APPLICABLE)		
SOCIAL SECURITY #	DRIVER LICENSE #	LICENSE PLATE #	
VEHICLE IDENTIFICATION #	TITLE #	TELEPHONE # / FAX #	

PART B: Request regarding other person(s):			
PERSON'S NAME		DATE OF BIRTH	
STREET ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY #	DRIVER LICENSE #	LICENSE PLATE #	
VEHICLE IDENTIFICATION #	TITLE #		

If requesting information on more than 1 person or vehicle, attach additional sheet(s).

☐ Additional sheet(s) attached

Make check or money order payable to **Ohio Treasurer of State**. If mailing, return to: **Ohio Bureau of Motor Vehicles, Attn: Records Request, P.O. Box 16520, Columbus, Ohio 43216-6520. Results will be mailed to requester.**

NOTE: When submitting this form in person to the Customer Service Center located at 1970 W. Broad St., Columbus, OH 43223, an additional \$3.50 fee will be charged. Additionally, not all record types listed above are available for processing at the Customer Service Center.

Part C: I (requester) qualify as checked below, and I am requesting:

1. As an **individual**. (Complete **Part A**, front)
2. _____ A record for use in the normal course of business by me as a **legitimate business** or an agent, employee, or contractor of a legitimate business, for one of the two following purposes: (a) to verify the accuracy of personal information submitted to the business, agent, employee, or contractor by an individual; (b) in case personal information submitted to the business, agent, employee, or contractor by an individual is incorrect or no longer is correct, to obtain the correct information, for the sole purpose of preventing fraud, by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
My tax identification number is: _____
My vendor number is: _____
My professional license number is: _____
Licensed by (agency): _____
3. With **written consent**. (Complete **Parts A and B**, front).
4. _____ Records for bulk distribution for surveys, marketing, or solicitations, where the information will be used, rented, or sold solely for bulk distribution for surveys, marketing, or solicitations;
5. _____ A record for the use of a **government agency**, including, but not limited to, a court or law enforcement agency, in carrying out its functions, or for the use of a private person or entity acting on behalf of an agency of this state, another state, the United States, or a political subdivision of this state or another state in carrying out its functions (a law enforcement agency does not need to fill out this form);
6. _____ A record for use in connection with matters **regarding motor vehicle or driver safety and theft**; motor vehicle emissions; motor vehicle product alterations, **recalls**, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including, but not limited to, survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. **Please provide relevant documentation supporting your request**;
7. _____ A record for use in connection with a civil, criminal, administrative, or arbitral **proceeding in a court or agency** of this state, another state, the United States, or a political subdivision of this state or before a self-regulatory body, including, but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgment or order (a subpoena or other court order may be used instead of this form). Please provide the court and case number, or if the case has not yet been filed, the court you anticipate to file in _____;
8. _____ A record pursuant to an **order of a court** of this state, another state, the United States, or a political subdivision of this state or another state (a subpoena or other court order may be used instead of this form). **Please attach a certified copy of the court order**;
9. _____ Records for use in **research activities** or in producing statistical reports, where the personal information will not be published, redisclosed, or used to contact an individual. **Please provide a detailed description of your research activities and identify the business, educational institution, or other entity for which you are doing the research**;
10. _____ Records for use by an **insurer**, insurance support organization, or self-insured entity, or by an agent, employee, or contractor of that type of entity, in connection with a **claims investigation activity**, anti-fraud activity, rating, or underwriting. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency: _____;
11. _____ A record for use in providing notice to the owner of a **towed**, impounded, immobilized, or forfeited vehicle. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency: _____;
12. _____ A record for use by a licensed **private investigative agency** or licensed security service for any purpose permitted under numbers 1 through 15 of this form; my agency license number is: _____;
13. _____ A record for use by an **employer** or by the agent or insurer of an employer to obtain or verify information relating to the holder of a **commercial driver license** or permit that is required under the "Commercial Motor Vehicle Safety Act of 1986", 100 Stat. 3207-170, 49 U.S.C. 2701, et seq., as now or hereafter amended. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency: _____;
14. _____ A record for use in connection with the operation of a **private toll transportation facility**;
15. _____ A record for any other use **specifically authorized by law** that is related to the operation of a motor vehicle or to **public safety**. **Please provide a copy of the relevant statute**.
16. _____ A record in order to carry out the purposes of either the "Automobile Information Disclosure Act", 72 Stat. 325, 15 U.S.C. 1231-1233, the "Motor Vehicle Information and Cost Saving Act", 86 Stat. 947, 15 U.S.C. 1901, et seq., the "**National Traffic and Motor Vehicle Safety Act of 1986**" 80 Stat. 718, 15 U.S.C. 1381, et seq., the "Anti-Car Theft Act of 1992", 106 Stat 3384, 15 U.S.C. 2021, et seq., or the "Clean Air Act", 69 Stat. 322, 42 U.S.C. 7401, et seq., all as now or hereafter amended, for use in connection with one or more of the following matters: (a) motor vehicle or driver safety and theft; (b) motor vehicle emissions; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles and dealers by motor vehicle manufacturers; (e) removal of non-owner records from the original owner records of motor vehicle manufacturers.

I understand that if I receive personal information under numbers 2, 3, or 5-16 of this form, I may **resell or disclose** the personal information only for uses permitted under numbers 2, 3, or 5-16. I understand that if I receive personal information under number 2-16 of this form, and I **resell or redisclose** any personal information, I must keep for a period of five years a record that identifies each person or entity that receives any of the personal information and the permitted purpose for which the information is to be used, and I must make all such records available to the Registrar of Motor Vehicles upon request.

I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a \$1000 fine.

SIGNATURE X	DATE
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