



Minnesota Department of Public Safety
Driver and Vehicle Services
445 Minnesota Street, Saint Paul, MN
55101-5191 Phone: (651) 201-7775 TTY: (651) 282-6555
drive.mn.gov

Driver and Vehicle Services (DVS) information system access reinstatement request

Eligibility for reinstatement

An individual whose access was permanently revoked under Minnesota Statutes, section 171.12, subdivision 1a, between Oct. 1, 2018, and Sept. 30, 2023, based on a determination that the individual willfully entered, updated, accessed, shared, or disseminated data in violation of state or federal law, may apply to DVS for reinstatement of their access. An individual convicted of a crime related to the conduct that resulted in permanent revocation of their access is ineligible to reapply for access under this section.

Requirements for reinstatement

Any individual applying for reinstatement under this section must submit the request in writing to DVS no later than June 30, 2024, and the request must contain:

1. Written documentation that demonstrates the individual is currently employed at an agency or entity that requires access for the employee to conduct their work duties.
2. Written documentation that demonstrates the individual is in compliance with all existing requirements to be considered eligible for access, including completion of required background checks.
3. A signed statement from the individual's employer acknowledging the employer is aware that the individual's access was previously revoked and that any future violations of state or federal law may result in permanent revocation of access.
4. A signed statement from the individual describing:
 - a) Their understanding of appropriate use of the system data under state and federal laws.
 - b) The remedial steps they have taken to ensure that no future misuse occurs.

Submission of reinstatement request

Completed form and letter from employer may be submitted by email to dvsaccessappeals.DPS@state.mn.us or by fax to 651-797-1205. You will receive a written response via email and U.S. mail within 90 days after DVS receives your request.

1. Applicant Section

Section A. Applicant information

Full name	Phone number		
Email address			
Mailing address	City	State	Zip
Current employer			
Address	City	State	Zip
Email address			
Position title	Phone		

1. APPLICANT SECTION *continued*

Attach written documentation from employer on letterhead that demonstrates you are currently employed at an agency or entity that requires DVS information system access for your work duties.

Section B. Applicant statement

I, _____, hereby request reinstatement of my access to the DVS information system.

I attest that: I was not convicted of a crime related to the conduct leading to the permanent revocation of my access.

I am aware that any future violations may result in permanent revocation of access.

Section C: Understanding and remedial steps

(i) **Understanding of appropriate use:** I affirm my understanding of the appropriate use of the DVS information system under state and federal laws. Yes No

(ii) **Remedial steps taken:** Please describe the steps you have taken to ensure that no future misuse occurs.

Section D: Verification and signature

Yes No I, _____, hereby affirm that all the information provided is accurate and complete to the best of my knowledge.

Applicant's signature _____ **Date** _____

2. Employer Section [To be completed by the employer]

Section E: Employer information

Agency or entity name

Agency or entity address _____ **City** _____ **State** _____

Representative name _____ **Zip** _____

Representative email address

Representative phone number

Section F: Employer attestations

I, _____, attest that _____:

Yes No is currently employed at _____;

Yes No requires access to the DVS information system to complete their work duties; and

Yes No is in compliance with all existing requirements to be considered eligible for access, including completion of required background checks.

Section G: Employer acknowledgment

I, _____, acknowledge that:

I am aware of the prior revocation of the applicant's access to the DVS information system; and

I understand that any future violations by this applicant may result in permanent revocation of access.

Employer representative signature _____ **Date** _____

Tennessee Notice**What is the purpose of supplying the requested information?**

The purpose of supplying this information to Driver and Vehicle Services (DVS) is to review the request for reinstatement to the DVS information system and to collect the information on this form for record keeping purposes as required by the Minnesota Government Data Practices Act, Minnesota Statutes 13.04(2).

Am I required to provide the requested information?

No. You are not required to provide this information to DVS.

What will happen if I do not provide the requested information?

You can refuse; however, DVS cannot review your request for reinstatement to the DVS information system.

Who will have access to the requested information?

DVS may disclose your name, place of employment, and supporting documentation for reinstatement. Your personal address and phone number will not be released. DVS will follow Minnesota Statutes, Chapter 13, and is subject to disclosure of information as required by these laws.