





**AMENDMENT NO. 1  
TO THE  
MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
AND  
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS (Consumer Affairs Division)**

THIS AMENDMENT NO. 1, is made to the MEMORANDUM OF UNDERSTANDING (MOU) between the FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES, hereinafter referred to as "Providing Agency" or "Department," and PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS CONSUMER AFFAIRS DIVISION, hereinafter referred to as "Requesting Party," collectively referred to as "the Parties," executed on or about 6/8/2018.

WHEREAS, the MOU was executed for the purpose of establishing the conditions and limitations under which the Providing Agency agrees to provide electronic access to DAVID information to the Requesting Party; and

WHEREAS, as required in the MOU, access to and use of DAVID information shall be in accordance with Chapter 119, Florida Statutes, and the Driver's Privacy Protection Act (DPPA), and may only be disclosed to persons to whom disclosure is authorized under Florida law and federal law; and

WHEREAS, in order to ensure that this MOU complies with the requirements of Federal law, the Parties wish to add additional language addressing access to and disclosure of data that may include the deceased date of an individual; and

WHEREAS, changes to the MOU are required to be made in writing, in accordance with section VIII. Amendments; and

WHEREAS, this Amendment is required to add the additional compliance requirements to the MOU.

NOW THEREFORE, in consideration of the mutual benefits to be derived here from, the Parties hereto do hereby amend the MOU as follows:

- I. Added language is shown herein as underlined. Existing language that was already underlined is shown herein with a double-underline.
- II. The third paragraph of section III. Legal Authority, is hereby amended as follows:

Under this MOU, the Requesting Party will be provided, via remote electronic means, information pertaining to driver licenses and vehicles, including personal information authorized to be released pursuant to Section 119.0712(2), Florida Statutes and DPPA. By executing this MOU, Requesting Party agrees to maintain the confidential and exempt status of any, and all information provided by the Providing Agency pursuant to this agreement and to ensure that any person or entity accessing or utilizing

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said information shall do so in compliance with Section 119.0712(2), Florida Statutes and DPPA. In addition, the Requesting Party agrees that insurance policy information shall be utilized pursuant to Section 324.242(2), Florida Statutes. Furthermore, the deceased date of an individual shall only be provided to a Requesting Party that meets the qualifications of 15 CFR §1110.102. Disclosure of the deceased date of an individual, which is not in compliance with 15 CFR §1110.102, is punishable under 15 CFR §1110.200. Additionally, because the Social Security Administration does not guarantee the accuracy of the Death Master File, the Requesting Party is reminded that adverse action should not be taken against any individual without further investigation to verify the death information listed (A notice from the Social Security Administration addressing the foregoing is attached hereto and incorporated herein by reference).

III. Section IV. Statement of Work, subsection B., is hereby amended by adding item 14.

14. Access and utilize the deceased date of an individual, or other information from the NTIS Limited Access Death Master File, as defined in 15 CFR §1110.2, in conformity with the following requirements:

(a) Pursuant to 15 CFR §1110.102, the Requesting Party certifies that its access to DMF information is appropriate because the Requesting Party: (i) has a legitimate fraud prevention interest, or a legitimate business purpose pursuant to a law, governmental rule, regulation, or fiduciary duty; (ii) has systems, facilities, and procedures in place to safeguard such information, and experience in maintaining the confidentiality, security, and appropriate use of such information, pursuant to requirements reasonably similar to the requirements of section 6103(p)(4) of the Internal Revenue Code of 1986; and (iii) agrees to satisfy such similar requirements.

(b) Pursuant to 15 CFR §1110.102, the Requesting Party certifies that it will not: (i) disclose DMF information to any person other than a person who meets the requirements of subsection IV. B. 14 (a), above; (ii) disclose DMF information to any person who uses the information for any purpose other than a legitimate fraud prevention interest or a legitimate business purpose pursuant to a law, governmental rule, regulation, or fiduciary duty; (iii) disclose DMF information to any person who further discloses the information to any person other than a person who meets the requirements of subsection IV. B. 14 (a), above; or (iv) use DMF information for any purpose other than a legitimate fraud prevention interest or a legitimate business purpose pursuant to a law, governmental rule, regulation or fiduciary duty.

IV. The second paragraph of section V. Safeguarding Information, is hereby amended as follows:

Any person who willfully and knowingly violates any of the provisions of this section is guilty of a misdemeanor of the first degree punishable as provided in Sections 119.10 and 775.083, Florida Statutes. In addition, any person who willfully and knowingly discloses any information in violation of DPPA may be subject to criminal sanctions and civil liability. Furthermore, failure to comply with 15.CFR §1110.102 pertaining to the deceased date of an individual may result in penalties of \$1,000 for each disclosure or use, up to a maximum of \$250,000 in penalties per calendar year, pursuant to 15 CFR §1110.200.

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V. Item D., under that part of section V. Safeguarding Information, that begins with "The Parties mutually agree to the following:", is hereby amended as follows:

D. The Requesting Party shall comply with Rule 74-2, Florida Administrative Code, and with Providing Agency's security policies, and employ adequate security measures to protect Providing Agency's information, applications, data, resources, and services. The applicable Providing Agency security policies shall be made available to Requesting Party. Additionally, with respect to the deceased date of an individual, the Requesting Party shall have systems, facilities, and procedures in place to safeguard such information, and experience in maintaining the confidentiality, security, and appropriate use of such information, pursuant to requirements reasonably similar to the requirements of section 6103(p)(4) of the Internal Revenue Code of 1986 and agrees to satisfy such similar requirements.

VI. Section XIII. Certification Information, is hereby added to the MOU as follows:

Pursuant to IV.B.14(a) above, the Requesting Party certifies that access to DMF information is appropriate based on the following specific purpose (please describe the legitimate purpose):

Administering the Palm Beach County Code of Ordinances relating to Vehicle for Hire and Tow Truck (Article IX and Article VIII) for the assessment and licensing of drivers and businesses to protect the health and safety of the citizens.

Please indicate whether the Requesting Party desires to re-disclose the deceased date of any individual to any other person or entity. Yes \_\_\_ No

If the Requesting Party desires to re-disclose the deceased date of any individual to any other person or entity, the Requesting Party agrees that it will not re-disclose the data received from the Providing Agency, but rather, will contact NTIS at <https://classic.ntis.gov/products/ssa-dmf/#> to become a Certified Person, as defined by 15 CFR §1110.2. A Requesting Party who is a Certified Person may only disclose the deceased date of an individual pursuant to the Requesting Party's obligations under 15 CFR §1110.102."

VII. All other terms and conditions of the original MOU not herein revised shall be and remain the same in full force and effect.

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HSMV No.: 0612-18

IN WITNESS WHEREOF, the undersigned have caused this AMENDMENT to be executed by their authorized officials as of the last date indicated below.

For: Palm Beach County Board of County Commissioners (Consumer Affairs Division)

Sejmo  
Signature

Director, Public Safety Department  
Title

12/18/18  
Date

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

BY: [Signature]  
Assistant County Attorney

APPROVED AS TO TERMS AND  
CONDITIONS

BY: [Signature]  
Division Director

For: Florida Department of Highway Safety and Motor Vehicles:

DocuSigned by:  
[Signature]  
602704FDFB08480  
Signature of Authorized Official

Trey Collins

Printed/Typed Name

Bureau Chief, Purchasing and Contracts

Title

2/19/2019

Date

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**From:** [Kynoch, Robert](#)  
**To:** [Duhart, Stephanie](#); [Collins, Trey](#); [Briggs, Jaime](#)  
**Cc:** [White, Bennett](#); [Sarvis, Michael](#); [Parramore, Becky](#)  
**Subject:** RE: DAVID MOUs  
**Date:** Tuesday, December 18, 2018 8:51:07 AM

Trey:

I delegate my authority to sign the DAVID MOU "death file amendments" to Chief Stephanie Duhart.

Thank you.

Robert

Robert Kynoch  
Director, Motorist Services  
Florida Department of Highway Safety and Motor Vehicles  
2900 Apalachee Parkway  
Tallahassee, FL 32399-0500  
Telephone 850-617-2600

**From:** Duhart, Stephanie <[StephanieDuhart@flhsmv.gov](mailto:StephanieDuhart@flhsmv.gov)>  
**Sent:** Tuesday, December 18, 2018 8:36 AM  
**To:** Kynoch, Robert <[RobertKynoch@flhsmv.gov](mailto:RobertKynoch@flhsmv.gov)>; Collins, Trey <[TreyCollins@flhsmv.gov](mailto:TreyCollins@flhsmv.gov)>; Briggs, Jaime <[JaimeBriggs@flhsmv.gov](mailto:JaimeBriggs@flhsmv.gov)>  
**Cc:** White, Bennett <[BennettWhite@flhsmv.gov](mailto:BennettWhite@flhsmv.gov)>; Sarvis, Michael <[MichaelSarvis@flhsmv.gov](mailto:MichaelSarvis@flhsmv.gov)>; Parramore, Becky <[BeckyParramore@flhsmv.gov](mailto:BeckyParramore@flhsmv.gov)>  
**Subject:** FW: DAVID MOUs

Can you send something a little more formal to purchasing, delegating your authority to me for the death file amendments?

Staff will need to attach that delegation to the documents in DocuSign, and I'll be able to sign on your behalf.

Purchasing has changed the routing template for future ones.

Bennett/Mike, please be advised of the change. Purchasing staff can work with your folks to assist with the others that have gone through to Robert.

Thanks,

Steph

**From:** Parramore, Becky  
**Sent:** Tuesday, December 18, 2018 8:22 AM  
**To:** Duhart, Stephanie <[StephanieDuhart@flhsmv.gov](mailto:StephanieDuhart@flhsmv.gov)>; Briggs, Jaime <[JaimeBriggs@flhsmv.gov](mailto:JaimeBriggs@flhsmv.gov)>  
**Cc:** Collins, Trey <[TreyCollins@flhsmv.gov](mailto:TreyCollins@flhsmv.gov)>  
**Subject:** RE: DAVID MOUs

### Certificate Of Completion

Envelope Id: 7B89B609DC784D6CB5555D31BA52311F

Status: Completed

Subject: Palm Beach County Board of County Commissioners Consumer Affairs Division DAVID Amendment

Source Envelope:

Document Pages: 7

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

Kayla White

AutoNav: Enabled

2900 Apalachee Parkway

Envelopeld Stamping: Enabled

Tallahassee, FL 32399

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

kaylawhite@flhsmv.gov

IP Address: 204.90.30.1

### Record Tracking

Status: Original

Holder: Kayla White

Location: DocuSign

1/28/2019 2:22:12 PM

kaylawhite@flhsmv.gov

### Signer Events

Bennett White

Bennettwhite@flhsmv.gov

HSMV - MS

Security Level: Email, Account Authentication (None)

#### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Jaime Briggs

JaimeBriggs@flhsmv.gov

Contract Administrator

HSMV - DAS

Security Level: Email, Account Authentication (None)

#### Electronic Record and Signature Disclosure:

Accepted: 10/21/2018 9:23:53 AM

ID: dceba8fd-c949-48bc-ac36-edd0e38fdb4d

Stephanie D. Duhart

StephanieDuhart@flhsmv.gov

Security Level: Email, Account Authentication (None)

#### Electronic Record and Signature Disclosure:

Accepted: 2/12/2019 12:25:22 PM

ID: 12f44fc9-86a0-4703-87dd-1fa70cf94038

Lisa M. Bassett

LisaBassett@flhsmv.gov

DAS Chief Executive Officer

HSMV - DAS

Security Level: Email, Account Authentication (None)

#### Electronic Record and Signature Disclosure:

Not Offered via DocuSign

### Signature

Completed

Using IP Address: 204.90.30.1

DocuSigned by:

Jaime Briggs

164518DF3A734B8...

Signature Adoption: Pre-selected Style

Using IP Address: 204.90.30.1

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Signed: 1/29/2019 10:36:37 AM

Sent: 1/29/2019 10:36:38 AM

Viewed: 1/29/2019 12:43:45 PM

Signed: 1/29/2019 12:43:50 PM

DocuSigned by:

Stephanie D. Duhart

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Signature Adoption: Pre-selected Style

Using IP Address: 204.90.30.1

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Viewed: 2/12/2019 12:25:22 PM

Signed: 2/12/2019 12:26:17 PM

DocuSigned by:

Lisa M. Bassett

7E2E9F098092459...

Signature Adoption: Uploaded Signature Image

Using IP Address: 204.90.30.1

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Viewed: 2/12/2019 1:24:04 PM

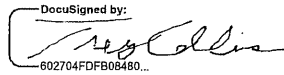
Signed: 2/12/2019 1:24:27 PM



**Signer Events**

Trey Collins  
TreyCollins@flhsmv.gov  
Bureau Chief, Purchasing and Contracts  
HSMV - DAS  
Security Level: Email, Account Authentication  
(None)

**Signature**



Signature Adoption: Drawn on Device  
Using IP Address: 204.90.30.1

**Timestamp**

Sent: 2/12/2019 1:24:29 PM  
Viewed: 2/19/2019 1:55:57 PM  
Signed: 2/19/2019 1:56:11 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

Jaime Briggs  
JaimeBriggs@flhsmv.gov  
Contract Administrator  
HSMV - DAS  
Security Level: Email, Account Authentication  
(None)



Sent: 2/19/2019 1:56:13 PM

**Electronic Record and Signature Disclosure:**  
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ID: dceba8fd-c949-48bc-ac36-edd0e38fdb4d

Data Listing Unit  
DataListingUnit@flhsmv.gov  
Security Level: Email, Account Authentication  
(None)  
**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign



Sent: 2/19/2019 1:56:13 PM

Jennie Carpenter  
JennieCarpenter@flhsmv.gov  
Contracts Specialist  
HSMV - DAS  
Security Level: Email, Account Authentication  
(None)



Sent: 2/19/2019 1:56:14 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Melissa McKinlay  
mmckinlay@pbcgov.org  
Security Level: Email, Account Authentication  
(None)



Sent: 2/19/2019 1:56:15 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Rob Shelt  
rshelt@pbcgov.org  
Security Level: Email, Account Authentication  
(None)



Sent: 2/19/2019 1:56:16 PM  
Viewed: 2/19/2019 2:08:09 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

**Notary Events**

**Signature**

**Timestamp**

**Envelope Summary Events**

**Status**

**Timestamps**

Envelope Sent

Hashed/Encrypted

2/19/2019 1:56:16 PM

Certified Delivered

Security Checked

2/19/2019 1:56:16 PM

Signing Complete

Security Checked

2/19/2019 1:56:16 PM

Completed

Security Checked

2/19/2019 1:56:16 PM

**Payment Events**

**Status**

**Timestamps**

**Electronic Record and Signature Disclosure**

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

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**How to contact FL Dept HSMV:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: lindaperry@flhsmv.gov

**To advise FL Dept HSMV of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at lindaperry@flhsmv.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to lindaperry@flhsmv.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with FL Dept HSMV**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to lindaperry@flhsmv.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> <li>•Allow per session cookies</li> <li>•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection</li> </ul>

\*\* These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify FL Dept HSMV as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by FL Dept HSMV during the course of my relationship with you.