Date: _____

Attachment A

AUTHORIZED USER AFFIDAVIT

A. AUTHORIZED USER

I am a full time employee of _____, a business operating under Maryland License Number/NP account number _____ and the Authorized User of the electronic network, which has been established solely for the purpose of processing of title and registration information. I further certify that I have attended and completed all required training workshops provided for participating businesses.

B. CONFIDENTIALITY OF INFORMATION & COMPUTER SECURITY

I agree to maintain in strictest confidence and not willfully disclose to any person, firm or corporation, information obtained as a result of my duties as an Authorized User. I understand that access to and use of information and computer resources is limited to that required to process title and registration information. I understand that the Motor Vehicle Administration adheres to State policies for Data Processing Resources Security authorized by the Governor's Executive Order 01.01.1983.18 and Article 27, Section 45A and 146 of the Annotated Code of Maryland. Failure of the Dealer or its personnel to abide by these same policies and statutes may result in the Administration prosecuting or seeking remedies made available to it by statue or regulation. In addition, other Federal and State Laws and Regulations affect the access to and use of computer information such as the U.S. Computer Crime Statute (1984) Computer Security Act of 1987, Privacy Act of 1974, Freedom of Information Act and the Computer Fraud and Abuse Act (1986).

C. SECURITY PROCEDURES

I understand and agree to abide by the following procedures required by the Computerized Dealer Title Service Agreement:

1. A terminal will not be left unattended while logged on to the participating dealer network.
2. A terminal will not be placed so as to allow viewing by individuals who are not Authorized Users.
3. All printed copies of vehicle information will be destroyed when its legitimate use has ended.

D. TERMINATION OF AUTHORIZATION

The Authorized User and Affiant further understands and agrees that this authorization terminates when the Affiant ceases to be employed by said business or when the business ceases to participate in the electronic network.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PERNALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Date: _____ By: _____
(Authorized User and Affiant)

_____
(Printed Name)