

**Account Validation and Certification (AVC) Form**  
**Westlaw and CLEAR (Government)**



THOMSON REUTERS™

<b>Subscriber Information</b>	
Account Number (if applicable)	1000642998
Full Legal Name/Entity	WILLIAMSON COUNTY
Business Unit/Dept/Agency	DISTRICT ATTORNEY
The applicant's address below is (please check one): <input checked="" type="checkbox"/> a Commercial Location <input type="checkbox"/> a Residence (i.e. a home-based business)	
Street Address	405 MARTIN LUTHER KING ST STE 265
City	GEORGETOWN
Country (if not US)	
State	TX
Zip	78626
Main Organization Telephone	512-943-1234
Location/Contact/Ext Telephone	
Cell Phone (if no land line available)	
E-Mail Address	
Website	<input type="checkbox"/> Check here if no website available
West products have implemented Multi-Factor Authentication and in order to access the public records products you must supply a valid External IP Address or IP Range belonging to your organization that meets the following requirements:	
<ul style="list-style-type: none"><li>• IP Addresses assigned to jurisdictions outside the United States or West-approved U.S. Territories are prohibited</li><li>• IP Addresses will not be accepted from the following ranges which are reserved by the Internet Assigned Numbers Authority for special use or private networks: 10.0.0.0 - 10.255.255.255, 127.0.0.0 - 127.255.255.255, 172.16.0.0 - 172.31.255.255, 192.168.0.0 - 192.168.255.255, 169.254.0.0 - 169.254.255.255.</li><li>• All IP addresses must be IPv4 addresses.</li><li>• If you do not know your External IP address(es), try the following:<ul style="list-style-type: none"><li>◦ Contact your network administration, firewall or security team</li><li>◦ Contact your Internet Service Provider, ISP (i.e. Cable, DSL, Satellite, etc.)</li></ul></li></ul>	
Go to the following URL in your browser: <a href="http://tools.whois.net/yourip/">http://tools.whois.net/yourip/</a> or <a href="http://www.whatismyip.com">http://www.whatismyip.com</a> to identify your external IP address (NOTE: If you have multiple IP addresses, this tool will only detect one IP address)	
Internet Service Provider Name:	
IP Address:	
IP Address Range:	
Beginning IP Address:	Ending IP Address:
Beginning IP Address:	Ending IP Address:

REQUIRED

**ACCOUNT INFORMATION AND DATA USE**

**Select Type of Government**

- ☐ US – Federal  
☐ US – State  
☒ US – Local  
☐ Tribal Government  
☐ Other Government: \_\_\_\_\_

(Please describe)

**Select Type of Academic Institution**

- ☐ Privately Funded Academic Institution (non-government funded)  
☐ Government Funded Academic Institution US – State

Do your end users have arrest powers?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will you be using the product in relation to the collection of consumer debt (i.e., financial obligations of a consumer relating to a transaction for personal, family, or household purpose)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Will you have end users at any location(s) other than at the address listed above?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
– If yes, please attach a completed Addendum to Account Validation and Certification Form – Multiple Locations.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Are you requesting “unmasked data” or full display of full Security Numbers, full Date of Birth and/or Driver’s License information?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
– If yes, please attach a completed Addendum to Account Validation and Certification Form – Unmasked Data Request	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Will you use the product, in whole or in part, as a factor in determining a consumer’s eligibility for employment, credit, housing, insurance underwriting, or government benefit-related purpose?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Please provide the name and phone number of the person you would like us to contact to schedule the required on-site inspection(s).

Name: Jerri Jones Telephone Number: 512-635-1194

	<b>PERMISSIBLE USE SELECTIONS</b>	
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**Permissible Use under Gramm Leach Bliley Act**

Your use of certain consumer data within the product is limited by the U.S. Gramm-Leach-Bliley Act (15 U.S.C. 6801 et. seq.). In order to access this data you must indicate your permissible use(s) below. If you do not have a permissible use, you must select the "no permissible use" option

- ☐ You certify there is no permissible use
- ☐ For use by a person holding a legal or beneficial interest relating to the consumer
- ☒ For use in complying with federal, state, or local laws, rules, and other applicable legal requirements
- ☐ For use as necessary to effect, administer, or enforce a transaction requested or authorized by the consumer
- ☒ For use in complying with a properly authorized civil, criminal, or regulatory investigation, subpoena, or summons by federal, state, or local authorities
- ☐ For use to protect against or prevent actual or potential fraud, unauthorized transactions, claims, or other liability
- ☒ For use by any Law Enforcement Agency, self regulatory organizations or for an investigation on a matter related to public safety
- ☐ To persons acting in a fiduciary or representative capacity on behalf of the consumer
- ☐ For required institutional risk control or for resolving consumer disputes or inquiries
- ☐ With the consent or at the direction of the consumer

**Permissible Use under Drivers Privacy Protection Act**

Your use of certain drivers record and vehicle data is limited by the U.S. Drivers Privacy Protection Act (18 U.S.C. §2721 et seq.). In order to access this data you must indicate your permissible use(s) below. If you do not have a permissible use, you must select the "no permissible use" option.

- ☐ You certify there is no permissible use
- ☒ For official use by a Court, Law Enforcement Agency or other Government agency
- ☒ To verify or correct information provided to you by a person in order to prevent fraud, pursue legal remedies or recover a debt; skip tracing
- ☐ For use in connection with a civil, criminal or arbitral legal proceeding or legal research
- ☐ For use in connection with an insurance claims investigation or insurance antifraud activities

	<b>CERTIFICATIONS</b>	
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By signing below you certify that:

- YOU UNDERSTAND THAT WEST IS NOT A CONSUMER REPORTING AGENCY AND THIS SERVICE DOES NOT CONSTITUTE A "CONSUMER REPORT" AS SUCH TERM IS DEFINED IN THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA), 15 U.S.C.A. SEC 1681 ET SEQ. YOU ARE STRICTLY PROHIBITED FROM USING ANY DATA, IN WHOLE OR IN PART, AS A FACTOR IN ESTABLISHING A CONSUMER'S ELIGIBILITY FOR CREDIT, INSURANCE, EMPLOYMENT, OR FOR ANY OTHER PURPOSE AUTHORIZED UNDER THE FCRA OR AS THE BASIS FOR TAKING ADVERSE ACTION REGARDING ANY CONSUMER APPLICATION.
- End users will access and use the data, including personally identifiable information, in accordance with all applicable laws, rules, and regulations. No individual shall access records that require a permissible use unless such a permissible use exists. It is your responsibility to seek guidance and clarification in case of any questions about the proper use of a product. YOU ARE RESPONSIBLE FOR ANY UNAUTHORIZED COLLECTION, ACCESS, USE, AND DISCLOSURE OF ANY DATA ACCESSED THROUGH OUR PRODUCTS.
- You agree to immediately notify West of any actual or suspected breach or access to data that may result in the unauthorized collection, use or disclosure of any data. You agree to make all reasonable efforts to assist us and our data providers in relation to any investigation, claim, litigation, or other action related to your access, use or disclosure of data.
- You will maintain a comprehensive information security program, including systems, facilities, and procedures to safeguard the data, and that you have experience in maintaining the confidentiality, security, and appropriate use of such information (pursuant to requirements similar to the requirements of section 6103(p)(4) of the Internal Revenue Code of 1986).
- You and your end users are not and will not be involved in credit fraud, identification theft, stalking, harassment, any unethical business practices or illegal activity nor will you further such activities by your customers.
- All information you provided in this AVC Form and all Addendums is true and correct and, if applicable, applies to all locations set forth in the Multiple Location Addendum. You understand that you will be required periodically to re-certify information provided in this AVC form.
- Your signature below as "Authorized Representative" certifies that you are the authorized signatory for this account

**AUTHORIZED REPRESENTATIVE:**

Print Name: DAN A GATTIO  
 Title: Country Club  
 Date: 08-15-2018  
 Signature: [Handwritten Signature]

Once this document is completed and signed by an authorized representative, please provide it to your West Sales Consultant with a signed order or fax it to 866-294-1042 or email to [west.avcredentials@thomson.com](mailto:west.avcredentials@thomson.com).

All information is subject to verification and approval by West.