

## ATTACHMENT 2

### Security Clearance Agreement

STATE OF ALASKA - DIVISION OF MOTOR VEHICLES  
ALASKA LICENSE AND VEHICLE INFORMATION NETWORK (ALVIN)

#### PERSONNEL SECURITY ASSIGNMENT FORM

FIRST NAME	MIDDLE NAME	LAST NAME	TELEPHONE NUMBER
SSN	DOB	ALASKA DRIVER LICENSE NUMBER	
LOCATION NUMBER(S) (Starting with default location, provide all locations employee will be working.)			LOCATION CITY
EMPLOYEES SUPERVISOR			TELEPHONE NUMBER
OFFICE MANAGER			TELEPHONE NUMBER
AMVC	AMVC		MVCSRI
USERID	SAME SECURITY AS (When the new employee will be doing the same basic functions as another employee. Otherwise, you must attach a completed Menu Functions sheet.)		POSITION

#### SECURITY CLEARANCE AGREEMENT

I understand that I am responsible for protecting the security and integrity during my use of the Alaska License & Vehicle Information Network (ALVIN) database in accordance with the following:

**CRIMINAL USE OF COMPUTER: (AS 11.46.740)** Criminal use of a computer is a Class C felony. Violation of this Statute is punishable by a fine of up to \$1,000 and/or by imprisonment of up to one year.

I will not:

- release any information retrieved from the database to anyone who is not lawfully entitled to the information.
- access information other than what is necessary to carry out my job duties.
- knowingly introduce false information into the database.

#### PASSWORD CONFIDENTIALITY:

- I will not discuss or disclose my ALVIN password or operator ID to anyone.
- I will immediately change my password or operator ID if I find it has been compromised.

#### ALVIN INTEGRITY:

I will not:

- disclose any information regarding the methodology, operation or internal structure of ALVIN.
- disclose information regarding security measures, access and operating procedures or details relating to the programs supporting ALVIN.

This agreement shall apply both during and after my association with ALVIN.

By signing this request, I certify that I have read and understood my responsibilities as described above.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OFFICE MANAGER

\_\_\_\_\_  
DATE

Revised 12/08

NAT2  SEC  ETS  SUP  BF