



15-0707 R05/25 azdot.gov

AZ MVD NOW DEALERSHIP ADMINISTRATOR APPLICATION

This application is to be completed and signed by a person legally authorized to act on behalf of the Dealership.
All fields below must be completed. Email completed form to: aacc@azdot.gov.

Dealership Name		DBA's (if applicable)	
Dealer License Number		EIN/TIN/TIN Required (May not apply to all dealerships)	
Physical Address / Business		City	State Zip Code
Mailing Address (if different from above)		City	State Zip Code
Person of Contact (Full legal name)	Phone Number	Email Address	

The AZ MVD Now Dealer Suite Administrator is an owner, partner or designated agent of the dealership. I understand by listing the individual below I will be granting the ability to process dealer suite services and add or modify credit card information with the Dealership's AZ MVD Now Dealer Suite Service account.

AZ MVD Now Dealer Suite Account Administrator:

Administrator Name (Printed First and Last Name)	
Administrator Phone Number	Administrator Business Email Address

The AZ MVD Now Organization Administrator responsibilities including resetting passwords for any representatives in the account, adding, editing and deactivating any other representatives. All representatives on the account will have access to handle monetary transactions, including disbursement requests. This accounts intended use is for funding for plates and/or updates to a dealer license. You also understand that unusual dealer service disbursement requests are subjected to additional review. Intended for use with Dealer Services.

AZ MVD Now Organization Account Administrator:

Dealership Administrator Name (Printed First and Last Name)	
Phone Number	Email Address

I hereby certify that I am the owner or principal of the above-named dealership, or I am otherwise legally authorized to act on its behalf. I further certify that the Dealership Administrator designated herein is authorized to perform the functions mentioned above. I relieve the State of Arizona, the Arizona Department of Transportation, their employees, agents, and representatives of any liability related, directly or indirectly, to the release of the Dealerships information to the above-named and authorized Dealership Administrator. I understand that this authorization does not absolve me of the responsibility to ensure that each employee maintain the security and confidentiality of their password, account, and all activities occurring therein.

Printed Name of Owner, Partner or Corporate Officer as listed with the Corporation Commission	Title
Signature of Owner, Partner or Corporate Officer as listed with the Corporation Commission	Date