



15-0708 R04/25 azdot.gov

AZ MVD NOW GOVERNMENT OFFICIAL APPLICATION

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

***Please provide your organization Identification Number (EIN, OIN, ITIN or TIN)**

Organization Name		Federal EIN	
Organization Address	City	State	Zip Code
Mailing Address (if applicable)	City	State	Zip Code
Signatory (Print First and Last Name)	Phone	Email Address	

The Organization Administrator is responsible for adding, editing, and deactivating any other organization Representatives and for resetting passwords for Representatives in your account. Upon approval, agency Representatives on the account will also be able to retrieve driving records, photos and/or title & registration information.

Organization Administrator Name (Printed First and Last Name)	
Phone	Email Address

I hereby certify that I am the principal of the above-named organization, or I am otherwise legally authorized to act on its behalf. I further certify that the Organization 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 organization's information to the above-named and authorized Organization Administrator. I understand that this authorization does not absolve me of the responsibility to ensure that each employee maintains the security and confidentiality of their password, account and all activities occurring therein.

Signature of Signatory	Title	Date
Signature of Organization Administrator	Title	Date