



## Motor Vehicle Division

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# AZ MVD NOW ADMINISTRATOR ACCESS DESIGNATION FORM

To use the new suite on AZ MVD Now, your organization will need to designate at least one Administrator. Administrators are responsible for all financial aspects of the account, and managing representatives that may process on behalf of the organization. Please carefully consider the individual(s) you designate as Administrator(s). If you wish to designate additional Administrators, please use a second form. **Financial Suite** customers, please email completed form to: [accountsupport@azdot.gov](mailto:accountsupport@azdot.gov). **Aircraft** customers, please email completed form to: [acreg@azdot.gov](mailto:acreg@azdot.gov). **IRP** customers, please email completed form to: [mvdmc@azdot.gov](mailto:mvdmc@azdot.gov).

### Please complete the information below:

Company/Trust/Organization Name		Federal EIN (May not apply to all ORGs)	
Commercial Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Person of Contact (Full legal name)	Phone Number (     )	Email Address	

I am an owner, partner or designated agent of the organization listed above. I understand by listing the individual below I will be granting the ability to add, edit, and delete credit card and/or bank information that will be utilized for payment for the services conducted in the Organization Suite. The designated representative will also have the ability to process services on the organization's AZ MVD Now account.

### Designated Administrator Information:

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

The Organization Administrator's responsibilities are resetting passwords for any representatives in the account and adding, editing, and deactivating any other Organization Representatives. All Organization Representatives on the account will have access to handle monetary transactions placed on the account, including disbursement requests.

### Organization Administrator Information:

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 organization, or I am otherwise legally authorized to act on its behalf. I further certify that the Organization Administrator(s) 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.

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