



36-0100 R03/25 azdot.gov

Mail Drop 546M
 Vehicle for Hire
 Motor Vehicle Division
 PO Box 2100
 Phoenix AZ 85001-2100
 602.712.5948
VehicleLicense@azdot.gov

APPLICATION TO OPERATE AS A VEHICLE FOR HIRE COMPANY (VFH) AND TRANSPORTATION NETWORK COMPANY (TNC)

- TAXI
 LIVERY
 LIMOUSINE
 GOLF CART
 TNC

All information below must be completed

| | | | |
|---|------------------|-------------|-----|
| Name of VEHICLE FOR HIRE Company (dba): | | | |
| Legal Entity Name: | | | |
| Trade Name (if applicable): | | | |
| AZ VFH Physical Address* <i>*Note: PO Box is not Acceptable. MUST be an AZ address</i> | Physical Address | | |
| | City | State AZ | Zip |
| VFH Business Mailing Address | Mailing Address | | |
| | City | State | Zip |

Contact Information

| | | | |
|--|---------------|------------------|-----|
| Designated Point of Contact Name | Email Address | Telephone Number | |
| Physical Address | City | State AZ | Zip |
| Business Owner Name | Email Address | Telephone Number | |
| Physical Address | City | State | Zip |
| Agent for Service of Process (Business or Individual)** | Email Address | Telephone Number | |
| Physical Address | City | State AZ | Zip |

**** Agent for Service of Process: A person or company who receives lawsuits and other documents on behalf of your business.**

Statements and Attestations

*Either the applicant (Owner) or a designated agent must sign this form
 An unsigned form will be rejected*

The applicant is familiar with and will comply with applicable Arizona Revised Statutes Title 28, Chapter 30, , Articles 1, 2, 3, and Arizona Administrative Code.

A person who violates this chapter, any rule of the department or any permit requirement is subject to a civil penalty imposed by the director.

I certify that the information contained on this application is true and correct and that I will comply with all applicable statutes and rules. I understand that any misrepresentation or misstatement in the application may cause the application to be denied. I agree that, if information changes that was provided by me or by my insurance carrier, I will notify ADOT of such change.

Print Name _____ *Title* _____

Applicant Signature _____ *Date* _____