



Motor Vehicle Division

40-6402 R10/16 azdot.gov

Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

THIRD PARTY DRIVER LICENSE
TRAINING PROVIDER
AUTHORIZATION APPLICATION

- Print or type
• Must be legible, complete and correct
• If not applicable, enter "NA"
• If additional space is needed, attach separate sheet

Application is hereby made for authorization to engage in the following Third Party activities:

Driver License Training
Business Type
Motorcycle, Operator (Class D/G), Special Performance Evaluation, MSF, Classroom; only, Classroom; only, Total Control, Behind the Wheel; only, Behind the Wheel; only, Both, Both

Provider Name, FEIN/EIN\*\*, Doing Business As (DBA), Established Business Address, Behind the Wheel/Skills Training Days and Hours, Mailing Address, Principal Business Address, Address, Office Days and Hours, Phone Number, Fax Number

Contact Individual - if individual is also considered the "office personnel member", submit 'Third Party Driver License Training Provider Individual Certification Application' form # 40-6401

Contact Person Name, Title, Phone Number, Fax Number, E-mail Address

Statutory Agent - Corporations only: Statutory agent designated in your Articles of Incorporation (must be an Arizona resident)

Statutory Agent Name, Arizona Driver License Number, Street Address, City, State, Zip, Mailing Address, City, State, Zip

\* Must be commercially zoned

\*\* Federal Identification Number or Employer Identification Number

List: Owners, Partners, Corporate Officers, Directors and all Stockholders owning 20% or more of the corporation

1. Applicant Name (first, middle, last, suffix)			Title		
Residence Address			City	State	Zip
Driver License Number	State	Stock Percentage (if applicable)	Email Contact		
2. Applicant Name			Title		
Residence Address			City	State	Zip
Driver License Number	State	Stock Percentage (if applicable)	Email Contact		
3. Applicant Name			Title		
Residence Address			City	State	Zip
Driver License Number	State	Stock Percentage (if applicable)	Email Contact		
4. Applicant Name			Title		
Residence Address			City	State	Zip
Driver License Number	State	Stock Percentage (if applicable)	Email Contact		

**Additional information/documentation may be required with this application and/or following the review of this application.**

By signing this application, I certify that the information contained on this application is true and correct, that all persons listed on this application are in compliance with all applicable laws of Arizona, that no person listed on this application has ever been convicted of fraud or an auto-related felony in any state, territory or possession of the U.S. or any foreign country, in the past 10 years, or any other felony in the past 5 years, or ever had a business authorization revoked or suspended in Arizona or any other state.

I certify I will meet minimum professional training standards as set forth by the Department.

I understand that any misrepresentation or misstatement in the application or submitted documentation may cause the application to be denied.

If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Applicant Signature	Title	Date
Applicant Signature	Title	Date
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Applicant Signature	Title	Date

**The following portions of A.R.S. § 41-1030 are provided for your reference:**

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorized the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.