



Motor Vehicle Division

46-0501 R03/20 azdot.gov

Mail Drop 527M
Motor Carrier Services
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

**INTERSTATE REGISTRATION
APPLICATION**

Foreign Registered-Interstate Operated Vehicle

Application Type: New Applicant Renewal Replacement

Vehicle Information

Vehicle Identification Number	Make	Vehicle Type	Body Type	Model	Year
Fuel <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Other (indicate type):			Axles	Tonnage	
USDOT Number	Gross Vehicle Weight	Unladen Weight			
Motor Carrier Fee (if applicable) <input type="checkbox"/> One-Way Hauling <input type="checkbox"/> Route Truck <input type="checkbox"/> Agricultural Products					
Vehicle Exemptions (if applicable) <input type="checkbox"/> Motion Picture Production <input type="checkbox"/> School Bus <input type="checkbox"/> Other (please explain):					
Are you currently registered in a foreign jurisdiction? <input type="checkbox"/> No <input type="checkbox"/> Yes; Provide the following information: Plate Number: _____ Base State: _____ Expiration Date: _____					

Replacements

Select Item to be replaced <input type="checkbox"/> Plate <input type="checkbox"/> Year Decal <input type="checkbox"/> Registration
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For Renewals

Current Arizona Plate Number

Registered Owner Information

Owner/Business Name			Owner Date of Birth		
Contact Number ()	Email Address				
Mailing Address		City	State	Zip	
Foreign Residence Address (if different from mailing address)		City	State	Zip	

I certify that the information contained on this application is true, accurate and complete, to the best of my knowledge.

Owner/Business Officer Signature	Date
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Contact Motor Carrier Licensing Unit at 602-712-6775 to make payment with a Visa, Mastercard or Discover Card.

Amount Due \$ _____

____ MVD Use _____

Date Reviewed	Reviewer	Approved By			
OIN #	Plate Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Plate Number		Registration Expiration Date	