



Motor Vehicle Division

46-0502 R03/24 azdot.gov

Mail Drop 532M
Transporter Services
Motor Vehicle Division
PO BOX 2100
Phoenix AZ, 85001-2100

TRANSPORTER APPLICATION

Form with fields: Transporter Account Number, Business Type (checkboxes for Individual, Partnership, Corporation, LLC, LLP), Business Name, DBA (doing business as), Business Address, City, State, Zip, Mailing Address, Public Phone Number, County, Contact Person, Title, Contact Phone, E-mail Address.

Applicants: Full name, no initials. If no middle name, write "none". Title: Sole Owner, Partner, Corporate Officer (President Vice President, Secretary, etc.) or Director. If more space is needed, attach a separate sheet.

Table with 3 rows for Applicant Name and Title.

Every certificate, plate, or tab issued expires at midnight on December 31st of each year.

I certify that the transporter plates and tabs will not be transferred to any other person and that this business, if application is approved, will comply with all applicable Arizona laws. I consent to comply with financial responsibility verifications conducted by MVD, or submit to the suspension of the transporter certificates and plates. I fully understand it is mandatory to carry evidence in the vehicle of current financial responsibility for that motor vehicle when operated on any highway in this state.

Form with fields: Printed Name of Owner, Partner or Authorized Agent, Title, Signature of Owner, Partner or Authorized Agent, Date.

If you have any questions, please email mccs@azdot.gov. Thank you.