



46-3502 R04/18 azdot.gov

Mail Drop 552M
Dealer Licensing
PO Box 2100
Phoenix AZ 85001-2100

DEALER LICENSING
RECORD INQUIRY

Record Request of:

Licensee Name (first, middle, last) and Dealer Licensing number if known
Licensee Mailing Address City State Zip
Information/Documents Requested

Statement of Purpose:

Reason For Request

Requestor Name (first, middle, last) Representing
Requestor Mailing Address City State Zip
Phone Number Driver License Number Signature

Acknowledged before me this date. Notary Signature
Date County State Commission Expires

Mail-In Request:

Please submit to the address above with a check or money order payable to MVD with the applicable fee. Do not send cash.

Fees:

Copy of Document: \$.25 per document

Certified Copy of Document: \$5.00 per document

MVD Use Only

Yes No Documents Located

Fee Amount Paid Paid Date Received By