



# BORDER ZONE PERMIT APPLICATION

Vehicle Identification Number			Year	Make	Body Style
License Plate	State	Expiration Date	Gross Vehicle Weight	Fuel	Number of Axles
Owner Name (first, middle, last, suffix)					
Residence Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip

Yes  No Are both the vehicle and the owner domiciled in an adjoining state and within 25 air miles of the Arizona border?

Yes  No Is the gross vehicle weight within limits established with the adjoining state?

Yes  No If a commercial vehicle, will this vehicle be operated in Arizona only within 25 air miles of the Arizona border?

Yes  No Will this vehicle be operated in Arizona for transportation of passengers or property for compensation?

I certify that the information above is true and correct. I understand that if the vehicle is operated in a manner other than that authorized by the permit, the permit will be canceled and the vehicle will be subject to applicable Arizona registration requirements and the payment of fees retroactive to the date the terms of the permit were violated.

Owner Signature (sign in presence of notary or ADOT Agent)	Date
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Notary or ADOT Agent Signature			
Date	County	State	Commission Expires