



Motor Vehicle Division

53-1002 R04/16 azdot.gov

AUTHORIZED THIRD PARTY
ServiceArizona (SAZ)
BUSINESS REGISTRATION REQUEST

- Initial Application
Update Application

1. If an update application, provide the reason:

Company Information:

- 2. Company Name:
3. Doing Business As (if applicable):
4. Authorized Third Party Office Number:
5. Federal Employer Identification Number:
6. Business Location Address (not a PO Box):
7. Mailing Address (if different):

Contact Information:

- 8. Business Contact Name:
9. Business Location Address (not a PO Box):
10. Telephone Number: 11. Fax Number:
12. Business Contact Email Address:

By signing below, I certify that I am authorized and qualified to act for and on behalf of the company indicated above and that the information contained on this request is true and correct.

Table with 2 columns: Signature, Printed Name, Title, Date

## Instructions for Completion of the ServiceArizona Business Registration Request

A ServiceArizona (SAZ) Business Registration Request form is to be **completed and signed by** an authorized representative of your company to initiate the process of granting access to ServiceArizona electronic services. To ensure prompt processing of your registration, use black ink and write legibly.

**Indicate in the upper right corner if this is an initial or update application.**

- "Initial" should be checked for your initial request for a ServiceArizona account
- "Update" should be checked to update registration information. An update application is not required to add new users.

1. **For update applications, indicate the reason for the update.**
2. **Company Name:** Provide the name of your Company.
3. **Doing Business As (if applicable):** If you use an alternate business name, provide the registered name that your Company uses in its capacity for conducting business.
4. **Authorized Third Party Office Number:** Provide your assigned Office Number.
5. **Federal Employer Identification Number (EIN):** Provide your company's IRS-assigned Federal Employer ID Number. If you do not have an EIN, use your social security number. This information must be provided to process your application.
6. **Business Address:** Provide the administrative / operation headquarters address for your Company or Agency. This should be your company's physical place of business, **not a post office box.**
7. **Mailing Address (if different):** Provide your preferred mailing address for your business.
8. **Business Contact Name:** Provide the name of the individual you wish to be the primary business contact for your Company. Provide their (9) **contact address (cannot be a post office)**, (10) **telephone number**, (11) **fax number** and (12) **email address**.

**Sign and date the Business Registration Request to certify that the information provided is true and correct.**