



Motor Vehicle Division

56-0103 R04/17 azdot.gov

**AUTHORIZED THIRD PARTY (ATP)
ACCESS AGREEMENT**

In consideration of the Arizona Department of Transportation Motor Vehicle Division (ADOT MVD) processing of my application for Third Party certification/authorization, I, _____, hereby agree to the following:

1. I understand that I may be granted provisional status and my certification/authorization is contingent upon the results of the Criminal Records Check and an internal good-standing check through the ADOT MVD personnel records.
2. To the best of my knowledge; I have not had any substantiated derogatory information relevant to the requested authorization or certification reported to the Department; or from any state agency or from any consumer protection agency contacted by the Department.
3. If having been a former Department employee, a former authored third party, or a former employee of an authorized third party, to the best of my knowledge I have not been dismissed or resigned from a position for cause, including: misconduct, resignation from my position in lieu of dismissal, or by mutual agreement.
4. I authorize ADOT MVD to obtain copies of any information in their files concerning me, including those that may be confidential and/or sealed, or information or opinions pertaining to my employment, including but not limited to my performance, education and academic achievement, credit history, discipline history, character, integrity, reputation, conduct, and behavior. I direct any party who is requested to release such information or records to ADOT to do so upon receipt of this waiver. I understand that any information and records released will be used as part of the decision to determine my suitability for certification/authorization as a Third Party Certified Processor, Third Party Certified Inspector or Office Personnel Authorization.
5. I understand that information obtained may be released to the specified third party or entity that I have authorized permission to. Furthermore, I understand that I have no right to review this information and expressly waive any rights to do so.
6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, and from damages of any kind, all persons or entities who shall in good faith furnish any information or opinions to the officers, agents, or employees of ADOT who conduct my background investigation. I voluntarily consent to a background investigation and agree to release ADOT, its officers, employees, and agents, for acts necessary to conduct and finalize the investigation.

This release from liability given by me to all persons or entities mentioned above, shall apply to any right of action of any nature whatsoever that accrues to myself, my heirs, or my personal representatives.

Applicant's Printed Name (first, middle, last, suffix)	Applicant Signature
Applicant's last four of SS #	Date
ATP Representative	ATP Representative Signature