



Mail Drop 532M  
 Third Party Administration  
 PO Box 2100  
 Phoenix AZ 85001-2100

## THIRD PARTY INDIVIDUAL APPLICATION

96-0118 R04/17 azdot.gov

- Print or type
- Answer all questions
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet

Application is hereby made for authorization and/or certification to engage in the following Third Party activities:

Application Processor <input type="checkbox"/> Title and Registration* <input type="checkbox"/> FDR <input type="checkbox"/> Office Personnel <input type="checkbox"/> Other (specify):	Vehicle Inspector <input type="checkbox"/> Level I/ Abandoned Vehicles* <input type="checkbox"/> Advanced Abandoned Vehicles (Tow Yards)*	Driver License Processor <input type="checkbox"/> Driver License** <input type="checkbox"/> Road Skills** <input type="checkbox"/> Other (specify):
---	---	--

Applicant Name (first, middle, last, suffix)

Additional Names/AKA's (maiden, prior name, nickname, professional name, other)

Residence Address	City	State	Zip
-------------------	------	-------	-----

Mailing Address (if different from above)	City	State	Zip
---	------	-------	-----

Daytime Telephone ( )	Date of Birth	AZ Driver License Number	Class	Endorsements	Expiration Date
--------------------------	---------------	--------------------------	-------	--------------	-----------------

Email address

**\* Must have clean 39-month Motor Vehicle Record**  
**\*\* Must have valid Arizona driver license and clean 39-month Motor Vehicle Record**

1.  Yes  No Have you ever been employed by the Arizona Department of Transportation/Motor Vehicle Division (ADOT/MVD)? If Yes, please complete the following, beginning with the most recent.

Manager/Supervisor Name	Office Location	Dates Employed
Reason For Leaving		
Manager/Supervisor Name	Office Location	Dates Employed
Reason For Leaving		
Manager/Supervisor Name	Office Location	Dates Employed
Reason For Leaving		

2.  Yes  No Have you ever been employed by an ADOT/MVD Authorized Third Party? If Yes, please complete the following, beginning with the most recent.

Authorized Third Party Name	Office Location
Reason For Leaving	
Dates Employed	
Authorized Third Party Name	Office Location
Reason For Leaving	
Dates Employed	
Authorized Third Party Name	Office Location
Reason For Leaving	
Dates Employed	

2a. Please indicate all activities for which you were certified or licensed:		
Application Processor <input type="checkbox"/> Title and Registration <input type="checkbox"/> FDR <input type="checkbox"/> Perm Fleet <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Other (specify):	Vehicle Inspector <input type="checkbox"/> Level I/ Abandoned Vehicles <input type="checkbox"/> Advanced Abandoned Vehicles (Tow Yards)	Driver License Processor <input type="checkbox"/> Driver License <input type="checkbox"/> Road Skills <input type="checkbox"/> Other (specify):

3.  Yes  No Have any of the certifications or licenses listed in #2a ever been denied, canceled or suspended? If Yes,

Explain
---------

4.  Yes  No Have your driving privileges ever been suspended, revoked, canceled, disqualified or denied? If Yes, explain.

Explain
---------

5.  Yes  No Have you been convicted of fraud or an auto-related felony in any state, territory or possession of the U.S. or any foreign country in the last 10 years?

6.  Yes  No Have you been convicted of any other felony in any state, territory or possession of the U.S. or any foreign country in the last 5 years?

7.  Yes  No Do you have any pending charges/cases/investigations awaiting disposition?

8.  Yes  No Within the last 39 months, have you received a conviction related to driving under the influence of drugs or alcohol, reckless driving, aggressive driving, racing on a highway or leaving the scene of an accident?

If Yes to question 5, 6, 7 or 8, explain.

Explain
---------

**Additional information may be required following the review of this application.**

If applying for any Third Party certification, you must submit with this application, your Motor Vehicle Record(s) (MVR). The MVR must be dated within 30 days of the date of this application.

I hereby release my MVR to ADOT MVD for verification of my qualification as a Third Party Certified Individual.

I certify that the information contained on this application is true and correct and that I will comply with all applicable statutes, rules and authorization agreement terms and conditions governing Third Party activities. I understand that any misrepresentation or misstatement in the application may cause the application to be denied.

Applicant Signature	Date
---------------------	------

I hereby request certification for the above applicant. I hold ADOT MVD, its employees and agents harmless from any and all liability.

Authorized Third Party Name	Phone	
	( )	
Representative Name	Representative Signature	Date

**The following portions of A.R.S. § 41-1030 are provided for your reference:**

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorized the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.