

THIRD PARTY COMPANY AUTHORIZATION APPLICATION

- Print or type
- Must be legible, complete and correct
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet

Application is hereby made for authorization to engage in the following Third Party activities:

Application Processing <input type="checkbox"/> Title and Registration <input type="checkbox"/> Perm Fleet <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Other (specify):	Vehicle Inspection <input type="checkbox"/> Level I plus Abandoned Vehicles <input type="checkbox"/> Advanced Abandoned Vehicles (Tow Yards)	Driver License Processing <input type="checkbox"/> ABV Fee's <input type="checkbox"/> Drivers License and Road Skills
Business Type <input type="checkbox"/> Individual ¹ <input type="checkbox"/> Partnership ¹ <input type="checkbox"/> Corporation ² <input type="checkbox"/> LLC ² <input type="checkbox"/> LLP ¹ <input type="checkbox"/> Government Entity/Political Subdivision <input type="checkbox"/> Other:		
<small>¹ Attach copy of Certificate of Existence or Trade Name Certificate issued by the Secretary of State ² Attach copy of Articles of Incorporation or Organization as filed with the Arizona Corporation Commission</small>		

Company Name	FEIN/EIN**		
Doing Business As (DBA)			
Established Business Address (where Third Party activities will be performed)*	City	State	Zip
Mailing Address (if different from above)	City	State	Zip

Principal Business Address (administrative/operation headquarters, where records will be secured)*

Address (if different from Mailing Address)	City	State	Zip
Title and Registration Office Days and Hours <input type="checkbox"/> M: <input type="checkbox"/> Tu: <input type="checkbox"/> W: <input type="checkbox"/> Th: <input type="checkbox"/> F: <input type="checkbox"/> Sa: <input type="checkbox"/> Su:			
Driver License Days and Hours (DL ATP Only) <input type="checkbox"/> M: <input type="checkbox"/> Tu: <input type="checkbox"/> W: <input type="checkbox"/> Th: <input type="checkbox"/> F: <input type="checkbox"/> Sa: <input type="checkbox"/> Su:			
Phone Number ()	Fax Number ()		

Contact Person – Attach a letter indicating the scope of authority the contact person will have regarding company operations.

Contact Person Name (first, middle, last suffix)	Title	
Phone Number ()	Fax Number ()	E-mail Address

Statutory Agent – Corporations only: Statutory agent designated in your Articles of Incorporation (must be an Arizona resident)

Statutory Agent Name (first, middle, last suffix)	Arizona Driver License Number		
Street Address	City	State	Zip
Mailing Address (if different from Street Address)	City	State	Zip

* Must be commercially zoned

** Federal Identification Number or Employer Identification Number

List: Owners, Partners, Corporate Officers, Directors and all Stockholders owning 20% or more of the corporation

1. Applicant Name (first, middle, last, suffix)			Title		
Residence Address			City	State	Zip
Driver License Number	State	Stock Percentage (if applicable)	Email Contact		
2. Applicant Name			Title		
Residence Address			City	State	Zip
Driver License Number	State	Stock Percentage (if applicable)	Email Contact		
3. Applicant Name			Title		
Residence Address			City	State	Zip
Driver License Number	State	Stock Percentage (if applicable)	Email Contact		
4. Applicant Name			Title		
Residence Address			City	State	Zip
Driver License Number	State	Stock Percentage (if applicable)	Email Contact		

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

I certify that the information contained on this application is true and correct, that all persons listed on this application are in compliance with all applicable laws of Arizona, that no person listed on this application has ever 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 past 10 years, or any other felony in the past 5 years, or ever had a business authorization revoked or suspended in Arizona or any other state.

I understand that any misrepresentation or misstatement in the application may cause the application to be denied.

Driver License Provider Only:

I certify the company will maintain the minimum standards as set forth by the Department.

If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Applicant Signature	Title	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.