

## ELECTRONIC DATA SERVICE COMMERCIAL APPLICATION

- Print or type, must be legible, complete and correct
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet
- Do not use white out or correction tape

### I. Business Profile

Business Type (check only one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation* <input type="checkbox"/> LLC* <input type="checkbox"/> LLP* <input type="checkbox"/> Other:			
* Attach copy of Articles of Incorporation or Organization as filed with the state corporation commission			
Company Name (official business name, must match your Articles)			Employer Identification Number
Doing Business As (DBA)			
Established Business Address (administrative/operation headquarters)		City	State Zip
Mailing Address (if different from above)		City	State Zip
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: _____			
Phone Number ( )	Fax Number ( )	Web Address	

### II. Records Location (where records will be secured) – If more than one location complete a Multiple Records Location form (96-0376).

Address (if different from Established Business Address)	City	State	Zip
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### III. Applicants List all Owners, Partners, Corporate Officers, Directors, and all Stockholders owning 20% or more of the corporation.

**Important: One applicant must also be the signatory**

Applicant Name	Title	<input type="checkbox"/>	Signatory
Residence Address	City	State	Residence Address
Applicant Name	Title	<input type="checkbox"/>	Signatory
Residence Address	City	State	Residence Address
Applicant Name	Title	<input type="checkbox"/>	Signatory
Residence Address	City	State	Residence Address

### IV. Prior Access

Within the past 3 years, has any of the above named applicants been an AZMVD customer ☐ Yes ☐ No

If Yes, in what capacity? (Please select all that apply)

Customer Type	Please indicate the last year of activity, the agency name, and if applicable, the name of the individual
<input type="checkbox"/> Authorized Third Party Customer	
<input type="checkbox"/> Licensed Automobile Dealer	
<input type="checkbox"/> Electronic Data Service Customer	
<input type="checkbox"/> ADOT Employee	

### V. Business Contact Information Attach letter indicating scope of authority the contact person will have regarding company operations.

Be it confirmed that the person(s) listed has the authority to perform all administrative functions pertaining to the Arizona Department of Transportation Data Access Agreement in Connection with the operation of this entity.

Primary Business Contact Name		Title	
Mailing Address		City	State Zip
Phone Number ( )	Fax Number ( )	Email Address	
Secondary Business Contact Name		Title	
Mailing Address		City	State Zip
Phone Number ( )	Fax Number ( )	Email Address	

**VI. Information Technology Contact Information** Designate Person Responsible For Technical Assistance

<b>Primary IT Contact</b>	<b>Secondary IT Contact</b>
Phone Number (     )	Phone Number (     )
Email Address	Email Address

**VII. Billing Contact Person** Designate person responsible for accessing invoices and making payments

Primary Contact Name	Email Address	Phone (     )
Secondary Contact Name	Email Address	Phone (     )

**VIII. Activity Information**

What Business Are You In? (e.g., PI, Attorney, Insurer)			
Primary License or Certificate Number (attach copy of license)	Expiration Date	Estimated Highest Monthly Billing Count	Estimated Monthly Billing Amount \$
Surety Amount (commercial) \$ e.g., if \$6 record x 200 records (highest month)= \$1200, estimated Billing Amount x 3 = \$3600 Surety Bond			
Electronic Access Connection Type			
<input type="checkbox"/> Web Browser (Motor Vehicle Records Request System)	<input type="checkbox"/> File Transfer Protocol (FTP)	<input type="checkbox"/> Secure File Transfer Protocol (SFTP)	

**IX. Driver's Privacy Protection Act (DPPA) Permissible Uses** 18 U.S.C. 2721-2725 and Title 28, Chapter 2, Article 5 of the Arizona Revised Statutes governs how MVD releases information. Choose under which permissible use you will access records.

Permissible Uses Under Authority of 18 USC 2721 Subsection B (indicate by number) (indicate % of records for each checked)														
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 14a	<input type="checkbox"/> 14b	<input type="checkbox"/> 14e	
___%	___%	___%	___%	___%	___%	___%	___%	___%	___%	___%	___%	___%	___%	=100%

**X. Record Retrieval Request** (Select all applicable boxes)

	Interactive	Batch	<input type="checkbox"/> Hybrid
39-Month Uncertified Driver	<input type="checkbox"/>	<input type="checkbox"/>	<b>Please attach a copy of your file format</b>
5-year Certified Driver	<input type="checkbox"/>	<input type="checkbox"/>	
Uncertified Title & Registration	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Title & Registration	<input type="checkbox"/>	<input type="checkbox"/>	
Enhanced Photo Radar		<input type="checkbox"/>	

**Batch** and **Hybrid** requests will incur additional programming fees and costs.

**Certification** – This section must be completely filled out by every person named within this application (excluding Information Technology contacts). By submitting this application, I certify that all information contained herein is true and correct. I further certify that any person(s) listed is in good standing with the Motor Vehicle Division of The Arizona Department of Transportation as defined in the Arizona Code.

Applicant Signature (Signatory)	Title	Date
Applicant Signature	Title	Date
Primary Business Contact	Title	Date
Secondary Business Contact	Title	Date