



96-0186A R07/14 azdot.gov

Mail Drop 502M
Electronic Data Services
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

ELECTRONIC DATA SERVICE GOVERNMENT 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

Government Agency (check only one box)			
<input type="checkbox"/> AZ State <input type="checkbox"/> Non-AZ State <input type="checkbox"/> AZ County/City <input type="checkbox"/> Federal <input type="checkbox"/> Non-Arizona Government Agency ~State of: _____			
Agency Name:			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 Important: One applicant must also be the signatory

Applicant Name (first, middle, last, suffix)	Title	<input type="checkbox"/> Signatory	
Residence Address	City	State	Zip
Applicant Name	Title	<input type="checkbox"/> Signatory	
Residence Address	City	State	Zip
Applicant Name	Title	<input type="checkbox"/> Signatory	
Residence Address	City	State	Zip

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 ()	E-mail Address	
Secondary Business Contact Name		Title	
Mailing Address		City	State Zip
Phone Number ()	Fax Number ()	E-mail Address	

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

Primary IT Contact	Secondary IT Contact
Phone Number ()	Phone Number ()
E-mail Address	E-mail Address

VII. Electronic Access 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)
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VIII. 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 the appropriate permissible use for your request by selecting the appropriate number(s); indicating the % for each (not to exceed 100%).

Permissible Uses Under Authority of 18 USC 2721 Subsection B are as follows:

<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%

IX. Record Retrieval Request (Select all applicable boxes)

	Interactive	Batch	<input type="checkbox"/> Hybrid
39-Month Uncertified Driver	<input type="checkbox"/>	<input type="checkbox"/>	Please attach a copy of your file format
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"/>	<input type="checkbox"/>	

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

X. Record Modification Request

File Type	Modify Interactively (Update)	Batch
Operations of Law Liens		

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