



Motor Vehicle Division

96-0316 R10/19 azdot.gov

Mail Drop 112F
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

SOLICITATION REQUEST

For solicitation approval,
all information must be complete and legible

Requester Name (first, middle, last, suffix)		Representative Names	
Company/Organization Name			
Street Address		City	State Zip
Mailing Address (if different from street address)		City	State Zip
MVD Work Location Requested			
Dates Requested (new application required after 90-days)			
Solicitation Manner (e.g., handouts, pamphlets, etc.) Please be specific.			
Solicitation Purpose (e.g., voter registration, petition signatures, etc.) Please be specific.			

This solicitation approval is for the named representatives only.
Any change/modification in representative names after this document is signed, and/or solicitor non-compliance with the attached guidelines, will result in immediate cancellation of solicitation approval.

This approval is only for solicitation outside the MVD building. It is valid only on days the requested MVD office is open for business, between 9:00 am and 4:00 pm, Monday–Friday. Upon arrival, you/your representative will be required to present photo identification and this signed, approved solicitation request at the MVD front desk. The office supervisor will designate a solicitation set-up area **outside the building**. Solicitation activities must not interfere with the business operations of the MVD office. Once approved, this form with Authorized Signature must be with you/your representative at all times during solicitation activities.

All solicitation activities conducted on ADOT-MVD property are undertaken at the sole risk of the requester/representatives. ADOT-MVD is not responsible or liable for any loss or damage that may be suffered by an individual requester/representatives or organization while conducting a solicitation.

With a signed approval, requester/representatives/organizations are limited to one solicitation activity/one table at the MVD location identified above. No more than **two representatives** can solicit at one table.

I acknowledge that I have read, understand and I/my representative will abide by the provisions of this solicitation request and the attached solicitation guidelines. By my signature, I attest that solicitation activities by my organization and my representatives are in compliance with all state and federal laws.

Requester Signature	Daytime Phone ()	Evening Phone ()	Date
Email Address			

Agency Use Only

Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Above Requested Dates Approved
Authorized Signature	Expiration Date