ADOT
Motor Vehicle Division

96-0511 R11/18 azdot.gov

Mail Drop 532M
TPMSUMCS
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

TEMPORARY PERMIT AUTHORIZATION VERIFICATION REPORT

Clear

Type	Company Name	Office Phone	Contact Person Name
❒ Allocated		( )	

Mailing Address	City	State	Zip Code	Contact Person Phone
				( )

TPA Control Number	Issue Date	MVD Account Number	Account Name	Unit Number	Vehicle Identification Number

MVD Use Only:

Date Received	Approved By