



Motor Vehicle Division
 PO Box 2100
 Phoenix AZ 85001-2100

THIRD PARTY CHANGE NOTIFICATION

96-0518 R06/19 azdot.gov

Authorized Third Party Name (official business name on record with MVD)	Authorization Number
---	----------------------

Current Doing Business As (DBA)

Authorized Third Party Name Change Only – Company structure, business type, has not changed. If business type has changed, submit a new Third Party Company Authorization Application, form # 96-0140.

Requested New Authorized Third Party Name

Requested New Doing Business As (DBA)

- Add Branch/Site (only applies to CDLE & DLTP)
- Add/Change Routes (provide new narratives and maps if applicable)
- Add/Change CDLE skills test site (must submit diagram and photos of track)
- Add Workstation printer (must submit a Third Party Computer Equipment Request, form #96-0523)
- Add New Services (does not apply to CDLE & DLTP)

Change:	Previously reported				New			
<input type="checkbox"/> Business Hours	<input type="checkbox"/> M:	<input type="checkbox"/> W:	<input type="checkbox"/> F:	<input type="checkbox"/> Su:	<input type="checkbox"/> M:	<input type="checkbox"/> W:	<input type="checkbox"/> F:	<input type="checkbox"/> Su:
	<input type="checkbox"/> Tu:	<input type="checkbox"/> Th:	<input type="checkbox"/> Sa:		<input type="checkbox"/> Tu:	<input type="checkbox"/> Th:	<input type="checkbox"/> Sa:	
<input type="checkbox"/> Training Hours <i>(DLTP Only)</i>	<input type="checkbox"/> M:	<input type="checkbox"/> W:	<input type="checkbox"/> F:	<input type="checkbox"/> Su:	<input type="checkbox"/> M:	<input type="checkbox"/> W:	<input type="checkbox"/> F:	<input type="checkbox"/> Su:
	<input type="checkbox"/> Tu:	<input type="checkbox"/> Th:	<input type="checkbox"/> Sa:		<input type="checkbox"/> Tu:	<input type="checkbox"/> Th:	<input type="checkbox"/> Sa:	
<input type="checkbox"/> Contact Person								
<input type="checkbox"/> E-mail Address								
<input type="checkbox"/> Relocation								
<input type="checkbox"/> Fax Number								
<input type="checkbox"/> Mailing Address								
<input type="checkbox"/> Phone Number								

<input type="checkbox"/> Training Vehicle – Add/Remove (explain below)
--

Other Change or Update Requested (please be specific)

Branch/Site Authorization Requests

Each additional branch/site requires site information below **prior to** conducting any business at the branch/site location.

If more than one branch/site is requested, use additional copies of this form.

Branch/Site Type <input type="checkbox"/> Office <input type="checkbox"/> Classroom <input type="checkbox"/> Both		Driver License Training <input type="checkbox"/> Operator (Class D/G) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Special Performance Evaluation	
Commercial Driver License Examination Activities Skills Test (Indicate the license class. Class A = A, B and C; B = B and C; C = C only): <input type="checkbox"/> Truck ___ <input type="checkbox"/> Coach-Transit Bus ___ <input type="checkbox"/> School Bus ___			
Branch/Site Address		City	State Zip

Site Information – This portion **must be completed in full**. Please indicate N/A if not applicable.

Branch/site location to be authorized

Yes No N/A Will the building be devoted principally to the Authorized Third Party business?
If No, provide reason: _____

The location is a: Building Suite (must have its own public access from the outside)

Must attach photos of:

- Sign indicating hours of operation
- Office area and secured records storage
- Entrance of both office and classroom (DLTP Only)
- Front and back view of classroom (DLTP Only)
- Your school-front and store-fronts of surrounding businesses (DLTP Only)

If providing skills instruction, include photos of:

- Parallel and three-point turn area
- Training/skills track (also provide diagram with dimensions of proposed track locations)
- All vehicles used for driver training with a printed, bold sign reading “STUDENT DRIVER” for both sides and on the rear of the vehicle.

Certification – I certify that all information provided is true and correct. I understand that any misrepresentation or misstatement may cause the request to be denied. If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Owner, Partner or Officer Signature		Print Name and Title		Date
2nd Partner Signature	Date	3rd Partner Signature	Date	

Company Name		
Authorized Representative Signature	Print Name and Title	Date