



96-0523 R01/18 azdot.gov

Mail Drop 532M  
 Third Party Administration  
 PO Box 2100  
 Phoenix AZ 85001-2100

# THIRD PARTY COMPUTER EQUIPMENT

Computer equipment requests must be documented below. Please complete all information so that program records are accurate. Incomplete forms will be returned.

	Present Amount	Change	New Amount
<b>Workstations</b>	_____	_____ <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
<b>Workstation Scanners</b>	_____	_____ <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
<b>Printer Function:</b>			
Titles	_____	_____ <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
Desk Top Printer	_____	_____ <input type="checkbox"/> Add <input type="checkbox"/> Delete	_____
		<b>Total Printer</b>	_____

Equipment Vendor Name		Equipment Vendor Fax (    )	
Contact Person Name		Equipment Vendor Phone (    )	
Equipment Vendor Mailing Address	City	State	Zip
Equipment Vendor Signature	Title		Date

Company Name	
Company Location	Location Ring #
Authorized Representative Signature	Title
	Date

**MVD Use Only**

Date Received	Approved By
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