



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

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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