



Motor Vehicle Division

96-0901 R06/15 azdot.gov

STATEMENT OF GOOD STANDING

Pursuant to A.A.C. R17-7-101 (Third Party Program) or R17-5-301 (Professional Driver Services Program)

I _____ affirm the following statement to be true;
NAME

- I have not had a similar business license or certification issued suspended, revoked, canceled, or denied within the previous three years of the application date;
- I do not owe delinquent fees, taxes, or unpaid balances to the Department;
- To the best of my knowledge; I have not had any substantiated derogatory information relevant to the requested authorization or certification reported to the Department; or from any state agency or from any consumer protection agency contacted by the Department.
- If having been a former Department employee, a former authorized third party, or a former employee of an authorized third party, to the best of my knowledge I have not been dismissed or resigned from a position for cause, including: misconduct, resignation from my position in lieu of dismissal, or by mutual agreement.

By signing below I attest that the information submitted on this form is accurate and true to the best of my knowledge.

X

Applicant Signature

Date