

Mail Drop 526M Fleet Services Unit Motor Vehicle Division PO Box 2100 Phoenix AZ 85001-2100

## PERMANENT/ALLOCATED PERM FLEET SUPPLEMENT

Business/Individual Name				Office Phone Date Fleet Account Number					F	Fleet Expiration Month	
Business/Individual Address				City State Zip Code Contact Person Name Contact Person Phon				n Phone	Contact Person Email		
Transaction Type*	Unit Number	License Plate Number	Gross Vehicle Weight	Vehicle Identification Number			er	Vehicle Year/Make	Leased Y/N	Plate Credit Y/N	County
Type of Vehicle Change: A-Add, D-Delete, T-Title, W-Weight Change, C-County Change, DR -Duplicate Registration, LP-Lost or replacement plate, DT-Duplicate Title, RT-Replacement Tab											
Authorized Signature				Date		MVD Use:	Processed By			Dat	е