



40-0402 R12/13 azdot.gov

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

# PERMANENT/ALLOCATED PERM FLEET APPLICATION

Fleet Account Number (MVD Use)
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**Application Type**

- Permanent Fleet Registration—Two or more vehicles owned and registered to the same entity. A person or company may register a fleet on an annual basis, so that all the vehicle registrations expire in the same month. Requires completion of a Permanent Fleet Application, which must be filed annually.
- Allocated Permanent Fleet Registration—A rental fleet of passenger vehicles where the company has rental locations in two or more states and has opted to have permanent registration credentials in the vehicles. Requires completion of a Permanent Fleet Application and an Allocated Perm Fleet - Schedule B (form # 70-0510), which must be filed annually.

Legal Status <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	US DOT Number (if applicable)	Federal EIN	
Business/Individual Name	DBA (Doing Business As) (if applicable)		
Business Address	City	State	Zip
Mailing Address	City	State	Zip
Contact Person	Phone ( )	E-mail Address	

**Applicants:** Full name, no initials. If no middle name, write "none". Title: Sole Owner, Partner, Corporate Officer (President, Vice President, Secretary, etc.) or Director. If more space needed, attach separate sheet.

1. Applicant Name (first, middle, last, suffix)	Title	Driver License Number	State
2. Applicant Name (first, middle, last, suffix)	Title	Driver License Number	State
3. Applicant Name (first, middle, last, suffix)	Title	Driver License Number	State

Number of Vehicles in Arizona Fleet	Registration Expiration (indicate the desired month of expiration):	1st Choice	2nd Choice
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**For vehicles over 55,000 lbs** gross vehicle weight (GVW), you must file with MVD (at the time of renewal) a validated copy of the paid IRS form 2290, Heavy Highway Vehicle Use Tax Return.

Complete a Permanent/Allocated Perm Fleet Supplement (form #96-0575) for the vehicles to be included in the fleet. Mail this application and the supplement to the Fleet Services Unit address above. If more than one fleet is desired, an additional application and supplement must be completed.

I agree to comply with the provisions of the Permanent and Allocated Fleet Registration programs. I certify that the information contained on this application is true, accurate and complete to the best of my knowledge.

If a partnership, must be signed by all partners. If a corporation, must be signed by one corporate officer.

Printed Name of Owner, Partner or Authorized Person	Title
Signature of Owner, Partner or Authorized Person	Date

If you have any questions, please call 602-712-8809. Thank you.