



Motor Vehicle Division

15-0706 R04/20 azdot.gov

AZ MVD NOW
ORGANIZATION ADMINISTRATOR
APPLICATION

This application is to be completed and signed by a person legally authorized to act on behalf of the organization. All fields below must be completed along with required Proof of Identity must be included and emailed to accountsupport@azdot.gov.

\*Please provide your Identification Number (EIN, OIN, ITIN or TIN)

Form with fields: Company/Trust/Organization Name, Federal EIN (May not apply to all ORGs), Commercial Address, City, State, Zip Code, Mailing Address (if applicable), Contact Person (Full legal name), Phone, Email Address.

The Organization Administrator is responsible for adding, editing, and deactivating any other organization Representatives and for resetting passwords for Representatives in your account. All company Representatives on the account will also be able to handle monetary transactions placed on the account, including disbursement requests.

Form with fields: Organization Administrator Name (Printed First and Last Name), Phone, Email Address.

I hereby certify that I am the owner or principal of the above-named organization, or I am otherwise legally authorized to act on its behalf. I further certify that the Organization Administrator designated herein is authorized to perform the functions mentioned above. I relieve the State of Arizona, the Arizona Department of Transportation, their employees, agents, and representatives of any liability related, directly or indirectly, to the release of the organization's information to the above-named and authorized Organization Administrator. I understand that this authorization does not absolve me of the responsibility to ensure that each employee maintain the security and confidentiality of their password, account, and all activities occurring therein.

Form with fields: Printed Name of Owner, Partner or Corporate Officer as listed with the Corporation Commission, Title, Signature of Owner, Partner or Corporate Officer as listed with the Corporation Commission, Date.

LIST OF ACCEPTABLE PROOF OF IDENTITY

All Documents must be UNEXPIRED

Please include any scanned copies of required documents that may apply to your organization:

Table with 3 columns: Type of Organization, Documents Establishing Identity, Proof of Identity for Trust/Executor/Owner/Partner/Authorized Person. Rows include Trust or Estate, Corporation, and Non Profit Organizations.