

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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☐ Permanent Fleet Registration— a fleet on an annual basis, so the Application, which must be filed a	at all the vehicle registrations							
☐ Allocated Permanent Fleet Regis states and has opted to have per and an Allocated Perm Fleet - Sci	rmanent registration credentia	als in the v	ehicles. Requires comp					
Legal Status	US DOT	Number (if applicable)	Federal EIN					
☐ Individual ☐ Partnership ☐ Co	rporation							
Business/Individual Name		DBA (Do	ing Business As) (if applic	cable)				
Business Address			City		State	7in		
Business / (daress			Oity		Otato	2.10		
Mailing Address			City		State	Zip		
Contact Person		Phone		E-mail Addres				
		( )						
etc.) or Director. If more space needed, attach separate sheet.  1. Applicant Name (first, middle, last, suffix)			Title		Driver License Numb		State	
2. Applicant Name (first, middle, last, suffix)			9	Driver License Num		umber	State	
3. Applicant Name (first, middle, last, suffix)			Title Driver Lice			umber	State	
Number of Vehicles in Arizona Fleet		n Expiratione desired r	Expiration desired month of expiration):		1st Choice 2nd C		Choice	
For vehicles over 55,000 lbs gross IRS form 2290, Heavy Highway Vehi		must file wi	th MVD (at the time of r	renewal) a v	alidate	ed copy of	the paid	
Complete a Permanent/Allocated F application and the supplement to the supplement must be completed.	ne Fleet Services Unit addre							
I agree to comply with the provision contained on this application is true,				ırams. I cei	tify th	at the info	rmation	
Printed Name of Owner, Partner or Auth	orized Person	Title						
	0.1200 1 0.0011	1100	•					
Signature of Owner, Partner or Authorized Person			Date					

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