



Motor Vehicle Division

40-0402 R10/14 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)

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 Permanent Fleet Application and an Allocated Perm Fleet - Schedule B (form # 70-0510), which must be filed annually.

Legal Status: Individual, Partnership, Corporation, LLC, 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.

Table with 4 columns: Applicant Name, Title, Driver License Number, State. Rows for 1, 2, and 3 applicants.

Number of Vehicles in Arizona Fleet
Registration Expiration (indicate the desired month of expiration):
1st Choice
2nd Choice

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.

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

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