

RENTAL APPLICATION (COMMERCIAL LEASE)

**ARIZONA DEPARTMENT OF TRANSPORTATION
INTERMODAL TRANSPORTATION DIVISION/RIGHT OF WAY GROUP
PROPERTY MANAGEMENT SECTION**

Name of Company/Corporation: _____

Name of Applicant: _____ Title/Position: _____

Date of Birth: _____ Social Security No.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ Local Contact No.: _____

Years in Business: _____ Monthly Net Operating Income*: _____

*Please attach supporting documents

Additional Contact Persons:

Name: _____ Position: _____ Telephone No.: _____

Have you ever been notified that you were delinquent on a rental payment? Yes NO
If yes, please explain _____

Have you ever been convicted of a felony? Yes NO
If yes, please explain _____

Have you filed for bankruptcy within the last three years? Yes NO
If yes, please explain _____

Check all that apply and provide details in the letter of intent.

- Store or use flammable liquids in a total quantity greater than 100 gallons.
- Store or use a quantity of hazardous materials that requires a Hazardous Material Management Plan.
- Store or use a quantity of hazardous materials that requires a placard on the building.
- Generate regulated waste that would make you a Small Quantity Hazardous Waste Generator or Large Quantity Hazardous Waste Generator. (40CFR Part 262)
- Receive, store or process regulated waste for others.
- Have storage or use that requires a modification of the fire sprinkler system.

REFERENCES

Bank _____

Credit Card _____

Business References:

1. _____

Name	Position	Phone No.
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2. _____

Name	Position	Phone No.
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3. _____

Name	Position	Phone No.
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Applicant certifies that the above statements are true and complete and hereby authorize verification of said information, references, and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this application.

_____/_____
Applicant Date Contact Person Date

_____/_____
APPROVED Date