



Attention Applicants

This Department will only accept:

- Current application documents
- Legibly completed forms
- Complete application packets.

Refer to the instructions & checklist provided

Make all checks payable to:

“Arizona Department of Financial Institutions”
and

Mail the entire completed application packet all together to:

Arizona Department of Financial Institutions
Licensing Division
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018

Make Copies of Your Entire Application Package Before Submission:

- The Department cannot make copies for you.

and

- If there are questions during the processing of your application, you will have the information available for reference.



Sales Finance/Motor Vehicle Dealer Application

Instructions

Section 2

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Motor Vehicle Time Sales Disclosure Act

Instructions for License Application Under A.R.S. §44-281, *et seq.*

Licensing year is July 1 through June 30.

Sales Finance (“SF”) Application fee is \$800.00.

Motor Vehicle Dealer (“MVD”) Application fee is \$300.00.

Prerequisite

To Submit an Application to the Arizona Department of Financial Institutions you **MUST** have the following completed with the appropriate agencies and a copy of the **approved document(s)** attached to your application.

Application Name: The application name **must be identical on all forms** (e.g., articles, application, trade name certificate, etc.). Failure to submit the required documents **will** delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us.	Arizona Secretary of State 1700 W. Washington St., Phoenix, AZ 85007 Telephone (602)542-6187 or www.azsos.gov
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If You Wish To Apply As A: Contact the Arizona State Corporation Commission.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.

Corporation: You **must** submit an **approved copy** of your articles of incorporation and any amendments thereto with your application.

Foreign Corporation: If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You **must** submit a copy of the **approved application** for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

Limited Liability Company: They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You **must** submit an **approved copy** of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

OR If You Wish To Apply As A: Contact the Secretary of State.

Partnerships: Limited Partnership’s or Foreign Limited Partnership’s **must** provide an **approved copy** of your partnership agreement.

Sole Proprietorship / Individual: **Must** use his or her own name when filing as an individual, otherwise you must register your dba or trade name, see **Db/Trade Name** below.

Db/Trade Name: To do business under a “dba” or a “trade name”, you must register your dba or trade name. You **must** submit an **approved copy** of your certificate of trade name registration with your application.

Must Read: General Instructions

You cannot conduct the business governed by Arizona Revised Statutes for your license type until a license is issued for each location from which your business operates.



Sales Finance/Motor Vehicle Dealer Application

Instructions

Section 2

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Note to Sales Finance Applicants: If you sell three or more motor vehicles on a non-cash basis as part of a “secondary motor vehicle finance transaction” you are also required to be licensed by this Department as a Motor Vehicle Dealer.

Application: To apply for licensing, complete all forms. Do not leave any questions unanswered. If a question does not apply to you or if, the answer to the question is ‘none’, so state on the application. We do not accept applications that are not completely filled out. ***Make photocopies of the completed forms for your records,*** this department **WILL NOT** provide them for you.

Process Time: The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed, they will be returned to you. This may result in a substantial delay. Be sure to review the **CHECKLIST** provided. In the event, your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the processing time. **If you fail to provide the necessary information needed** to make our decision within the statutory required time frame, your license application will be withdrawn and you will have to reapply.

License Issued: A license issued prior to or on the renewal date must renew for the new licensing year. You may choose to delay the issuance of the license until the beginning of the new licensing year if you submit your application no more than **thirty (30) days** prior to the new licensing year and your written request of postponement accompanies your application. Licensing year is July 1 through June 30.

Personal History Statement (PH): If the applicant is an individual (s)he must complete the PH document. If the applicant is a corporation, a PH must be completed by each of the (5) highest corporate officers. In the event, the corporation has only one officer, then any manager(s); director(s) or anyone in a managerial/responsible position should also complete a PH. Each member of a Limited Liability Company must complete the PH. The Personal History Statements must be submitted to this department as part of the original application package. *Again, do not leave any questions unanswered.*

Fees: **Application fee** for Sales Finance is \$800.00 and the Motor Vehicle Dealer \$300.00. The non-refundable **application fee** above must be submitted together with the completed application forms.

Please send **pro-rated license fee** along with application to expedite the process.

Pro-rated Quarterly	Sales Finance License Fee	Motor Vehicle Dealer License Fee
July/Aug/Sept.	\$500.00	\$150.00
Oct/Nov/Dec	\$375.00	\$112.50
Jan/Feb/Mar	\$250.00	\$ 75.00
April/May/June	\$125.00	\$ 37.50

Branch Offices / Locations: A license shall be obtained for each separate place of business at or from which a licensee transacts business. Contact this Department for a branch application.

Sales Contract: **Must** be in compliance with the Motor Vehicle Time Sales Disclosure Act as outlined in the Arizona Revised Statutes. You may obtain a retail installment contract from the Arizona Automobile Dealers Association (“AADA”) at 4701 North 24th Street, Suite A2 Phoenix, Arizona 85016 or by phone (602) 468-0888 or 1-800-678-3875.

Dealers License: You must enclose a copy of your Dealers License that was issued by the Arizona Department of Transportation (ADOT).



Sales Finance/Motor Vehicle Dealer Application

Statutes and Rules

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6-126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6-1301 through 6-1310	60
Collection Agencies	A.R.S. Section 32-1001 through 32-1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6-971 through 6-985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6-601 through 6-675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6-701 through 6-716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6-1251 through 6-1263	120
Escrow Agents	A.R.S. Section 6-801 through 6-847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6-1201 through 6-1219	120
Mortgage Brokers	A.R.S. Section 6-901 through 6-910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6-941 through 6-948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44-281 through 44-295	45
Premium Finance Companies	A.R.S. Section 6-1401 through 6-1419	120
Trust Companies	A.R.S. Section 6-851 through 6-867 Rules R20-4-801 through R20-4-816	150



Sales Finance/Motor Vehicle Dealer Application

Check List

Section 4

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Did You Remember To:

- Answer all questions
- Type or print all information on all documents
- Make copies of the completed application packet for your records
- Sign and notarize documents where applicable
- Include all forms required

Be sure you have included all of the following with your application if applicable.

- Application Fee for Sales Finance is \$800.00 **OR** Motor Vehicle Dealer \$300.00
- License Fee
- Articles Of Incorporation / Organization/Partnership Agreement
- Foreign Authority
- Trade Name Certificate
- Personal History (as outlined in #6 of application)
- W-9 Form/Request for Taxpayer Identification
- Copy of your Dealers License issued by Arizona Dept of Transportation (ADOT)

After You Have Been Licensed

Renewal Applications: Are mailed out 30 to 45 days before your renewal date. The completed renewal documents and fees must be received in our office not later than the last day of the licensing year. The Department suggest that you establish adequate internal procedures to follow up on the timely receipt and submission of the renewal application and fees. The Department mails the renewal forms as a courtesy to the licensee. It is the responsibility of the licensee to timely renew its license(s).

Sales Finance Renewal Fees: The renewal fee is **FIVE HUNDRED DOLLARS (\$500)** for the principal location and **TWO HUNDRED DOLLARS (\$200)** for each branch.

Motor Vehicle Dealer Renewal Fees: The renewal fee is **ONE HUNDRED FIFTY (\$150)** for the principal location only.

Address Change: To change the address of an office licensed by this Department you must immediately submit a letter of request for change and include the new telephone number. This letter must be sent with the original license and **FIFTY DOLLARS (\$50.00)** to the Licensing Division of this Department.

All Other Licensee Changes: Contact this Department immediately for instructions.



Sales Finance/Motor Vehicle Dealer Application

Fingerprint Card Instructions

Section 5

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Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under “Personal History Statement & Fingerprint Card” for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card Per Person

- **ORI Field on fingerprint card must have Phoenix, AZ information or be blank.** It cannot have another State’s information in that field. Do not use white out material.
- **Do not use a highlighter on the fingerprint card.** The FBI’s scanners cannot record the information if card contains highlighter.
- **Do not overlap the borders of the block in which you enter information.** The scanners cannot read information that overlaps the block.
- **Do not use whiteout on the fingerprint card.** If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- **Do not overlap any information into the actual fingerprint area.**
- **Do not enter any information in the block entitled “Employer and Address”.** The Department will enter this information.
- **Do not enter any information in the block entitled “Reason Fingerprinted”.** The Department will enter this information.
- **Do not alter any preprinted information on the fingerprint card.**

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

Make check payable to: Arizona Department of Financial Institutions



Sales Finance/Motor Vehicle Dealer Application

Fingerprint Card Instructions

Note

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.

APPLICANT		LEAVE BLANK // Leave Blank //			TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME			FBI LEAVE BLANK // Leave Blank //		
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR I	// Leave Blank //			DATE OF BIRTH <u>DOB</u> Month Day Year		
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>			SEX	RACE	HGT	WGT	EYES	HAIR
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u> // Leave Blank //		LEAVE BLANK // Leave Blank //					
EMPLOYER AND ADDRESS // Leave Blank //			FBI NO. <u>FBI</u>		CLASS _____					
REASON FINGERPRINTED // Leave Blank //			ARMED FORCES NO. <u>MNU</u>		REF. _____					
			SOCIAL SECURITY NO. <u>SOC</u>							
			MISCELLANEOUS NO. <u>MNU</u> // Leave Blank //							
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE		
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE		
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY				

Sample



Sales Finance/Motor Vehicle Dealer Application

Licensee Surrender Agreement

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

(Name of Company)

By: (Signature of Principal Officer) (print) (Name of Principal Signer)

Date: (print) (Title of Principal Signer)

NOTARIZATION OF SIGNATURE

State of)
) ss.
County of)

Subscribed and Sworn to before me, this day of
year of at (City and State)

Notary Public

My Commission expires



Sales Finance/Motor Vehicle Dealer Application

Application

Section 07

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This application must be completed by typewriter or legibly printed.

If you are applying for both the Dealer and the Sales Finance license, you are required to submit a separate completed application packet and the appropriate fees for that license type.

Dealer **Application Fee \$300.00 + Prorated License Fee**

New Cars Used Cars Other Explain _____

Sales Finance **Application Fee \$800.00 + Prorated License Fee**

Filing as a: Corporation Partnership Limited Liability Company Individual Other

To the Superintendent of Financial Institutions:

Application is hereby made for a license under the provisions of the Motor Vehicle Time Sales Disclosure Act, Title 44, Chapter 2.1, Article 1; Sections 44-281 through 44-295, Arizona Revised Statutes.

1. Name of Dealership/Sales Finance Company:

Furnish corporate Title, trade or individual name under which business will operate.

Name:

Doing Business As:

2. Primary Address:

Address Line 1:

Address Line 2:

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____ Toll Free Number: _____

Business Web Page Address: _____ E-mail Address: (Required) _____

3. Corporate Office Address: If different from Primary Address. No PO Box address.

Address Line 1:

Address Line 2:

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____ Toll Free Number: _____

4. Start date of dealership (MVD only):

5. State where organized or incorporated: Applies to Foreign Corporations only.

Name of Corporation: _____ State Incorporated: _____

Date Incorporated: _____ Date of foreign authorization to conduct business in Arizona: _____ Date of most recent filing with the Arizona Corporation Commission: _____



Sales Finance/Motor Vehicle Dealer Application

Application

6. Current Ownership

Full name of owners or partners, or if a corporation or association, of the directors, trustees and principal officers, LLC members. (Provide separate sheet if more space is required) Total must equal 100% on ownership.

Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
List additional owners on a separate sheet		Total Ownership
Must total 100%		

Up to but no more than the top five *5) highest ranking individuals above, must complete the attached personal history form.

7. State whether any officer, director, partner or individual has at any time been convicted of a crime in the state of Arizona or elsewhere?
If yes, furnish complete details concerning dates, location, nature of crime, etc. on a separate sheet. Yes No

8. If the applicant is a dealer, do you hold any part of your own installment contracts? Yes No

If yes, state total dollar amount \$

9. Retail Installment Contract Sales:

If the applicant is a dealer, give the name and address of all banks, finance companies or persons to whom you sell retails installment contracts.

a. Name of Institution:			
Address:			
City:	State:	Zip Code:	
b. Name of Institution:			
Address:			
City:	State:	Zip Code:	
c. Name of Institution:			
Address:			
City:	State:	Zip Code:	
d. Name of Institution:			
Address:			
City:	State:	Zip Code:	
e. Name of Institution:			
Address:			
City:	State:	Zip Code:	

Attach additional sheets, if necessary.

10. Will you engage in secondary motor vehicle finance transactions, aka Title Loans or Sale lease-back transactions? Yes No



Sales Finance/Motor Vehicle Dealer Application

Application

Section 07

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11. I have read and understand the grounds for denial, suspension or revocation of license as stated in Section 44-283 paragraphs A & B of the Motor Vehicle Time Sales Disclosure Act. Yes No

12. Print name of individual to contact regarding the processing of this application:

Name: _____

Direct Telephone & Extension: _____ FAX Number: _____

Must be signed and notarized.

Affidavit

State of _____

) ss

County of _____

I _____ being duly sworn, depose and say that I have signed the

print your name

foregoing application as _____ of the above named applicant, having full authority

print official capacity

to sign such application in said capacity; that I have read said application, that the information contained therein is true.

_____ Date

_____ Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary seal

_____ Notary Public's Signature

_____ My Commission Expires



Sales Finance/Motor Vehicle Dealer Application

Personal History Statement

Section 07

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The entries made in this form are subject to verification. **Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense** The information entered herein is for official use only and will be maintained in confidence.

Legibly Print Or Type All Information. Do Not Leave ANY Blank Spaces- There Must Be An Answer Provided For Each Inquiry. Therefore, If Not Applicable Use "None" Or "N/A"

Do Not Add Attachments In Lieu Of Completing Our Forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL:

1. _____ Mr. Ms. Mrs.
Position (Title/Owner/RI/AM etc.) Circle One Name: Last First Middle
2. _____ () -
Residence Address: Street City State Zip Res. Phone:
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ **(Attach a Legible Photocopy of your License)**
8. Do you have a history of mental or nervous disorder? Yes No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? Yes No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? Yes No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? Yes No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? Yes No
13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. Yes No
- If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "T" page 3.**
14. Are you presently a member of a Military Reserve or National Guard Organization? Yes No
If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:**Have you ever been;**

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? Yes No
2. convicted, fined or imprisoned or placed on probation? Yes No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? Yes No
4. detained, held or arrested for a traffic violation? Yes No

If the answer is "Yes" to ANY of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "T" page 3)



Sales Finance/Motor Vehicle Dealer Application

Personal History Statement

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. **You Must Include Complete Addresses**)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

- 1. Did any of the above employment's require a security clearance? Yes No
- 2. Have you ever been refused Bond? Yes No

If the answer is "Yes", to either of the above explain in "Remarks" Section "T" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



Sales Finance/Motor Vehicle Dealer Application

Personal History Statement

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

1. Have you attached a **legible** copy of your drivers' license? Yes No
2. Have you attached your **completed** (according to the fingerprint card instructions) fingerprint card? Yes No
3. A letter of explanation and resolve of **any past or current derogatory credit or criminal issues**? Yes No N/A

If No, why not? _____

I. REMARKS: (Furnish complete details attach additional sheets if necessary)



Sales Finance/Motor Vehicle Dealer Application

Personal History Statement

Read, Sign & Notarize Both Top & Bottom Portion Of This Document

AFFIDAVIT

STATE OF _____)ss

COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

_____ (Date)

_____ (Signature)

NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ My commission expires:

_____ (Notary Public)

AFFIDAVIT (part 2)

STATE OF _____)ss

COUNTY OF _____

I, (Print Your Name) _____ in connection with (Print Company Name) _____ and pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents.

_____ (Date)

_____ (Signature)

NOTARIZATION OF SIGNATURE

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ My commission expires:

_____ (Notary Public)

State of Arizona Substitute W-9 & Vendor Authorization Form



Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

- Instructions:** Complete form if
1. You are a U.S. person (including a resident alien);
 2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
 3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

Refer to State of Arizona Substitute W-9 Instructions and IRS W-9 Instructions for details on completing this form.

Social Security Number (SSN)
 OR
 Employer Identification Number (EIN)

Entity Type Must select one of the following (Coding (X#) is for internal purposes only)

Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I)
 State of Arizona employee (1E) HRIS EIN

Corporation NOT providing health care, medical or legal services (5A)
 LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)

Corporation providing health care, medical or legal services (5M)
 LLC, PLLC organized as corporation providing health care, medical or legal services (5M)

Partnership, LLP or Partnership organized as LLC or PLLC (5C)
 A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)

An international organization or any of its agencies/instrumentalities (5U)
 Other: Tax Reportable Entity (5P) Description

The US or any of its political subdivisions or instrumentalities (2G)
 Other: Tax Exempt Entity (5H)

Name (First, Middle, Last)

Business Name

Main Address Where tax information and general correspondence is to be mailed

Address

City State Zip code

Remittance Address Where payment is to be mailed Same as Main

DBA/Branch/Location

Address

City State Zip code

Vendor Contact Information

Name

Title Phone # Ext.

Email Fax

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

Small Business (01)
 Small Business- African American (23)
 Small Business- Asian (24)
 Small Business - Hispanic (25)
 Small Business- Native American (27)
 Small Business- Other Minority (05)
 Small, Woman Owned Business (06)
 Small, Woman Owned Business- African American (29)
 Small, Woman Owned Business- Asian (30)
 Small, Woman Owned Business- Hispanic (31)
 Small, Woman Owned Business- Native American (33)
 Small, Woman Owned Business- Other Minority (11)
 Woman Owned Business (03)
 Woman Owned Business- African American (17)
 Woman Owned Business- Asian (18)
 Woman Owned Business- Hispanic (19)
 Woman Owned Business- Native American (21)
 Woman Owned Business- Other Minority (08)
 Minority Owned Business- African American (04)
 Minority Owned Business- Asian (32)
 Minority Owned Business- Hispanic (74)
 Minority Owned Business- Native American (15)
 Minority Owned Business- Other Minority (02)
 Non-Profit, IRC §501(c) (88)
 Non-Small, Non-Minority or Non-Woman Owned Business (00)
 Individual, Non-Business (00)

Certification **Exempt from backup withholding**

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature Title Date

STATE OF ARIZONA AGENCY USE ONLY VENDOR DO NOT WRITE BELOW THIS LINE

Agency Authorization: Print Name Signature Title

AGY Phone # Email Date

STATE OF ARIZONA GAO USE ONLY VENDOR & STATE AGENCY DO NOT WRITE BELOW THIS LINE

IRS TIN Matching Corporation Commission HRIS
 Vendor Number Processed by Date Processed