

# TRANSPORTER APPLICATION

Every certificate or plate issued **expires at midnight on December 31st** of each year.

Complete the **entire** form.

Address Change – **Only** complete sections you wish to change.

Business and applicant(s) details.

If more space is needed, attach separate sheet.

Include the business **first** point of contact.

Application Type	Business Type
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Business Name			
DBAs (also doing business as)		Business Phone Number	
Address	City	State	Zip
Mailing Address	City	State	Zip
Applicant Name (first, middle, last, suffix)		Title	
Applicant Name		Title	
Applicant Name		Title	

Contact Person (first, middle, last, suffix)	Title
Contact Phone	Email Address

**You must enter a total of 2 plates in QTY.**

\*Required for all vehicles with a combined DGW of 26,001 lbs. or more. Provisions for Motor Carrier Fees are defined in A.R.S. Chapter 16 Article 4.

	QTY	Fee	Amount
<input type="checkbox"/> New Application = New Certificate + <b>two</b> plates of choice	<b>1</b>	=	\$375.00
Transporter Plate		=	\$0.00
Motor Carrier Transporter Plate*	x	\$80.00 =	
			Subtotal

**Only applicable for NEW application type.**

<input type="checkbox"/> Additional Plates		x	\$30.00 =	
<b>Transporter Only</b>		x	\$110.00 =	
<b>Motor Carrier Transporter Only</b>		x	\$110.00 =	
			Subtotal	

All plates will be mailed to the business mailing address listed above.

Postage Fee for each plate	x	\$2.30 =	
			Subtotal
			<b>Total</b>

**Mail-in completed form with a check or money order payable to MVD, covering your total fees.**

I hereby certify that my assigned transporter certificates and plates will not be transferred and business will be conducted in compliance with the laws of the State of Arizona. (A.R.S. §§ 28-5867(A) (3) and Chapter 10, Article 9). I further consent to comply with the financial responsibility requirements of A.R.S § 28-2167.

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