



# RMV Business Partner Contact Form

- New Business Account
  Reactivate Account  
 Revised Business Account Contact Info
  Adding a new program to an existing account

RMV Program(s) \_\_\_\_\_ Date: \_\_\_\_\_  
 (Provide one contact form for **each program** you will be enrolled in or if the contacts are the same for all programs, list all programs.)

**Business Name**

Legal Business Name \_\_\_\_\_

DBA \_\_\_\_\_ Federal Employer ID Number (FEIN) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Location Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Reason for Access: \_\_\_\_\_

**Business Contact Information**

**Business Contact** (The owner/president the RMV will contact regarding access to the program(s)) Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Legal Contact** (if applicable) Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Financial Contact** (if applicable) Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Technical Contact** (if applicable) Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Security Contact Information**

**Primary Security Contact** (if applicable) Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Security Contact** (if applicable) Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Processing Entity** (Only complete this section if you are using a third party processor to access RMV data, meaning your business will not be accessing the RMV data yourselves)

Processing Entity Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Note: You are not required to have multiple contacts, the same person could fill multiple roles.

Return form to: [RmvBusinessPartners@dot.state.ma.us](mailto:RmvBusinessPartners@dot.state.ma.us)