RMV Business Partner Contact Form

REGISTRY OF MOTOR VEHICLES

MassDOT RMV-IS Security
25 Newport Avenue Ext. ● Quincy, MA 02171

You are not required to have multiple contacts, the same person could fill multiple roles.
Email completed form to ***RmvBusinessPartners@dot.state.ma.us***.

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.)

Type of Request (Check One)

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

Business Name

Legal Business Name

DBA	Federal Employer ID Number (FEIN)

Mailing Address

Business Location Address

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

Email	Phone #