RMV Business Partner Contact Form

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 #

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