



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 # _____