



**EVR PROGRAM
REQUEST FOR RE-AUTHORIZATION**

This form is used when an Authorized User's password expires, or an Authorized User needs additional access for central processing purposes. If your password is expired and you have processed a transaction within the last 90 days, please complete this form and fax it to 857-368-0821. This form is required to be signed by the Dealer Principal, Comptroller, or EVR Supervisor. Contact your service provider helpline within 48 hours to confirm password has been activated.

DATE _____

DEALERSHIP/AGENCY _____

ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

AUTHORIZED EVR USER INFORMATION

NAME _____

LAST FOUR DIGITS OF YOUR SS# _____

SIGNATURE _____

REASON FOR REQUEST (CHECK ONE): EXPIRED PASSWORD ADDITIONAL ACCESS

ADDITIONAL ACCESS LOCATION (S) : _____

Statement of Authorized User

I understand that if my password expires 3 times in a calendar year, I will not be permitted to continue as an Authorized User on the EVR Program.

Signature of Applicant: _____

Statement of Authorized Dealer/Agent Representative

I understand that if an Authorized User's password expires 3 times in a calendar year, they will not be permitted to continue as an Authorized User on the EVR Program. All Authorized End Users should process work on a regular basis to keep their password in an active status.

Applicant 's Supervisor Signature _____

Print Name _____ Position _____

RMV USE ONLY REQUEST # _____ DATE _____ APPROVED BY _____