



RMV Business Partner Contact Form

Check one:	<input type="checkbox"/> New Business
	<input type="checkbox"/> Update Information

RMV Program _____ (Provide a contact form for each program you require access) Date: _____

Business Name			
Legal Business Name		D.B.A.	
Business Owner		FID:	
Mailing Address			
Street	City	State	Zip Code
Email		Phone #	
Reason for Access: _____			

Program Contact Information	
Program Contact (The person the RMV will contact regarding issues with the program)	
Email	Phone #
Legal Contact	
Email	Phone #
Financial Contact	
Email	Phone #
Technical Contact	
Email	Phone #

Security Contact Information	
Security Contact #1	
Email	Phone #
Security Contact #2	
Email	Phone #

Processing Entity (Only complete this section if you are using a third party processor to access RMV data)			
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@massmail.state.ma.us