



# RMV Business Partner Contact Form

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

RMV Program \_\_\_\_\_ (Provide a contact form for each program your will be enrolled) Date: \_\_\_\_\_

**Business Name**

Legal Business Name \_\_\_\_\_

DBA	Federal Employer ID Number (FEIN)
-----	-----------------------------------

Mailing Address

Street	City	State	Zip Code
--------	------	-------	----------

Email	Phone #
-------	---------

Reason for Access: \_\_\_\_\_

**Business Contact Information**

Business Contact (The person the RMV will contact regarding issues with the program)

Email	Phone #
-------	---------

Legal Contact (if applicable)

Email	Phone #
-------	---------

Financial Contact (if applicable)

Email	Phone #
-------	---------

Technical Contact (if applicable)

Email	Phone #
-------	---------

**Security Contact Information**

Security Contact #1

Email	Phone #
-------	---------

Security Contact #2 (if applicable)

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@dot.state.ma.us](mailto:RmvBusinessPartners@dot.state.ma.us)