



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(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.)

Business Name

Legal Business Name _____

DBA	Federal Employer ID Number (FEIN)
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Mailing Address

Street	City	State	Zip Code
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Business Location Address

Street	City	State	Zip Code
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Reason for Access: _____

Business Contact Information

Business Contact (The owner/president the RMV will contact regarding access to the program(s))	Title
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Email	Phone #
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Legal Contact (if applicable)	Title
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Email	Phone #
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Financial Contact (if applicable)	Title
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Email	Phone #
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Technical Contact (if applicable)	Title
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Email	Phone #
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Security Contact Information

Primary Security Contact (if applicable)	Title
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Email	Phone #
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Security Contact (if applicable)	Title
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Email	Phone #
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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
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Mailing Address

Street	City	State	Zip Code
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Email	Phone #
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Note: You are not required to have multiple contacts, the same person could fill multiple roles.

Return form to: RmvBusinessPartners@dot.state.ma.us