COMPLETE THIS FORM
ANY TIME THERE IS A NEW PRIMARY PROCESSOR

AUTOMATED PROCESSING PARTNERSHIP SYSTEM (APPS)
NOTIFICATION TO DIVISION OF MOTOR VEHICLES OF NEW USERS

1. Terminal ID number (one alpha and 3 numbers in title numbers processed by you): ________________

2. Full name of new primary processor: __________________________________________________________
   Telephone number and extension: ____________________________________________________________
   Date became primary processor: _____________________________________________________________
   Full name of back up to processor: __________________________________________________________

3. Does the new processor have previous experience on the APPS processing system?
   _____ Yes, as a primary processor. Where? ___________________________________________________
   _____ Yes, as a back up processor. Where? ___________________________________________________
   _____ No
   Comments: ____________________________________________________________________________
   ________________________________________________________________________________________

4. Would the new processor like additional registration training from an Agent Partnership Unit (APU) representative? _____ Yes _____ No
   If yes, list any specific areas of interest: _____________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________

5. Has training been scheduled with the vendor?
   Yes, training is scheduled for: __________________________________________________________________
   No, primary processor is available for training on: __________________________________________________________________

To expedite processing of this information, please FAX to (608) 266-9552.

Agent/Business Name: _____________________________________________

Vendor Name: _________________________________________________