



Use this form to request a change to the administrator for the VERIFI system. You must provide all the items and information listed below. Email this form and the necessary items to **t2@verifiny.com**. If you print this form and complete the form manually, please write clearly.

SECTION 1: Select the type of change that is needed to the administrator of your VERIFI account.

I WANT TO (you may select one or both options):

Add a new administrator: Please provide the new administrator’s information below.

Name: _____ Facility Number: _____

Email address: _____

Daytime phone number: _____ Cell phone number: _____

To add a new administrator, provide the following:

- A copy of the new administrator’s government-issued photo identification.
- A copy of the requestor’s government-issued photo identification.
- A copy of the dealer’s most recent DMV business certificate. **Note:** DMV accepts only the certificate for the dealer. Repair shop certificates, inspection station certificates, or any other business certificates are not accepted, even if the facility number is the same.

Remove a current administrator: Please provide the requested information below.

Name of administrator to remove: _____ Facility Number: _____

Requestor’s email address: _____

Requestor’s phone number: _____

To remove a current administrator, provide the following:

- A copy of the requestor’s government-issued photo identification.
- A copy of the dealer’s most recent DMV business certificate. **Note:** DMV accepts only the certificate for the dealer. Repair shop certificates, inspection station certificates, or any other business certificates are not accepted, even if the facility number is the same.

SECTION 2: Complete the certification.

I, the undersigned, hereby certify that I am an authorized agent of the facility with the authority to make changes to the VERIFI administrator on behalf of the facility.

To knowingly make a false statement or to conceal a material fact on this form is a criminal offense.

I affirm under penalty of perjury that I have read this form and know the contents, and that all answers and statements are true. False statements are punishable under Section 210.45 of the Penal Code.

Requestor’s Name (please print): _____

Signature: _____ Date: _____

(Month/Day/Year)

