

Agency Web Access application

Applicant's First Name _____

Applicant's Last Name _____

Applicant's E-mail Address _____

Agency Name _____

Agency Address _____

Agency Phone # _____

Agency Fax # _____

Requested User ID _____

(must be at least 7 characters – combination of letters and numbers only)

Please E-mail or Fax the completed form to the Reporting department.

E-mail: interlockreporting@RoadGuardinterlock.com

Fax: 972-929-6765