

## 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](mailto:interlockreporting@RoadGuardinterlock.com)

Fax: 972-929-6765