



MOTOR VEHICLE SELF INSURERS FINANCIAL PROOF

OFFICE OF THE STATE TREASURER ARIZONA

1700 W Washington Street, Suite 102 , Phoenix, AZ 85007

(602) 542-7800 | Securities@aztreasury.gov

Instructions for Return of Proof of Financial Responsibility

Financial Responsibility Deposits Cancellation and Return of Proof ([A.R.S. § 28-4088](#))

1. To cancel self insurance and return deposits held with the Arizona State Treasurer's Office, the depositor will need to complete the Self Insurance Certificate Release form and email to securities@aztreasury.gov.
2. Our office will confirm with the Arizona Department of Transportation (MVD) that liens or judgments do not exist against the depositor, as required by law.
3. After authorization to release is approved by the Arizona Department of Transportation (MVD):
 - a. For cash deposits, as cashier's check will be issued and can take up to seven business days.
 - b. For CD's held at depositor's financial institution, release form will be returned to depositor once approved, to present to the bank for release of funds.
4. All depositor's documents to open self insurance will be returned to depositor.

SELF INSURANCE CERTIFICATE RELEASE FORM

ARIZONA STATE TREASURER

1700 W WASHINGTON STREET, SUITE #102, PHOENIX, ARIZONA 85007
602-542-7800 | SECURITIES@AZTREASURY.GOV

DATE: _____

NAME OF DEPOSITOR(S): _____

ADDRESS: _____

DRIVER 1: _____ DRIVER 2: _____

LICENSE #: _____ LICENSE #: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

I/We, _____ ,

hearby and authorize for the release of

Certificate of Deposit Number _____ ,

or Cash in the amount of \$ _____ ,

which is on deposit with the Office of the State Treasurer Arizona
as a financial responsibility deposit in-lieu of automobile insurance
in accordance with A.R.S. 28-4084 and 28-4088.

DEPOSITOR(S) AUTHORIZATION FOR RELEASE

BY _____
DRIVER 1 SIGNATURE PRINTED NAME DATE

BY _____
DRIVER 2 SIGNATURE PRINTED NAME DATE

ARIZONA DEPARTMENT OF TRANSPORATION MVD AUTHORIZATION FOR RELEASE

BY _____
AUTHORIZED SIGNATURE PRINTED NAME DATE

STATE TREASURER RECEIPT OF AUTHORIZATION FOR RELEASE

BY _____
AUTHORIZED SIGNATURE PRINTED NAME DATE

STATE TREASURER ADMINISTRATION MANAGER AUTHORIZATION FOR RELEASE

BY _____
MANAGER SIGNATURE PRINTED NAME DATE