## NEW YORK STATE OF OPPOSITUALITY. Department of Motor Vehicles

## REQUEST FOR BUSINESS AMENDMENT/DUPLICATE CERTIFICATE

INSTRUCTIONS Use this form to tell DMV about an amendment or to request a duplicate Business Certificate (you must fill out an original application if you are acquiring a business). There is no fee for amendments or duplicate certificates. If you are making a change, please call (518) 474-0919 for information about required documentation. Failure to provide all documentation will delay processing of your request.

**DUPLICATE CERTIFICATE CUSTOMERS**: Complete items 1, 2, 3, 9 and 10 and the "Certification" section at the bottom of page 2. **AMENDMENT CUSTOMERS**: Complete items 1, 2, 3, 9 and 10 and the "Certification" section at the bottom of page 2. Also, complete items 4 - 8 only if they apply to the change you are making.

## DOCUMENTATION REQUIREMENTS FOR AMENDMENT CUSTOMERS ONLY

**DISMANTLERS:** All dismantlers must provide a letter of zoning approval with this request. New York City Only - all "Secondhand Dealer - General", and "Secondhand Dealer - Auto", amendment requests **MUST INCLUDE** a Fire Department permit and an NYC Department of Consumer Affairs License.

<u>Customers making location changes</u>: If you are changing location, complete Form VS-19 ("Statement of Ownership and/or Permission to Use Place of Business") and submit it with this request. **Repair shops** must also provide a Certificate of Occupancy, local license or town letter as proof of zoning approval. If the **new** location was previously registered as a Repair Shop, please tell us the Facility number or Facility name of that shop. This can be used as proof of zoning.

**DEALERS**: All dealers (excluding those who are exempt under the law) are required to have a bond. If you are a dealer requesting an amendment, please call (518) 474-0919 to determine if you have to provide a revised bond with your request. If you are a franchised dealer requesting an address change, you must provide franchise papers showing the new address.

## RETURN THIS COMPLETED REQUEST, AND ANY REQUIRED DOCUMENTATION, TO:

Bureau of Consumer and Facility Services, Application Unit, PO Box 2700, Albany NY 12220-0700

1.	Requ	ested cha	nge:   Amendment	☐ Duplicate Reason: _						
2.	Pres	ent Facility	Number   Present Facili	Facility Phone Number (  )						
	Busir	ness(es) re								
3.	Business(es) requesting amendment/duplicate certificate(s) — check all that apply:  ☐ Repair Shop ☐ Dealer ☐ Dismantler ☐ Itin. Veh. Coll					☐ Salvage Pool	☐ Transporter			
				☐ Scrap Processor	☐ Mobile Car Crusher	☐ Other				
	Business name change to:									
4.										
	Busir	ess addre	ess change: New Address							
	Number and Street County Number and Street						County			
	City			State Zip Code	City	State	Zip Code			
-	l	-4: C4-4:	Deeless							
		nspection Stations or Dealers								
6.	a) Change in business type (for example, Fleet to Public, Wholesale to Retail, etc.):									
		To: From:								
	b) Cł	nange in g	roups approved for inspe	ection (check the box(es) for		inspect):				
		GROUP VEHICLE GROUPS (Weights shown are maximum gross weights)								
		All motor vehicles that have a seating capacity under fifteen passengers, and all motor vehicles, except trailers and motorcycles, that have an MGW under 18,001 pounds.								
		□ 1b All trailers, except semi-trailers, that have an MGW under 18,001 pounds.								
		All motor vehicles that have a seating capacity over fourteen passengers, and all motor vehicles and trailers that have an MGW over 18,000 pounds.								
	□ 2b All semi-trailers.									
□ 3 All motorcycles.										
□ DL Diesel Emissions Testing for all non-exempt vehicles registered in the New York Metropolitan Area.										
			model number of the tes	ting equipment here.						
	This information is <b>required</b> in order to process your request.									
	Manufacturer's Name					Model Number				
		Please provide the name(s) and certification number(s), including expiration date, of your Certified Inspector(s). Use additional sheet(s) if necessary. This information is <b>required</b> in order to process your request.								
	Nam	•		,	Certification No.	umber	Expiration Date			

7.	Deletions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necessary.								
	(a) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership					
	Please Sign Name in Full X	Driver License Identification Number		Social Security Number					
	Residence Address  Apt. No. Residence Phone  ( )								
	(b) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership					
	Please Sign Name in Full	Driver License Identification Number		Social Security Number					
	Residence Address Apt. No. Residence Phone								
	(c) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership					
	Please Sign Name in Full	Driver License Identification Number		Social Security Number					
	X Residence Address	esidence Phone							
8.	Additions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necess								
0.	(a) Name (First, MI, Last)	_	Title	% of Stock or Ownership					
	(a) Name ( no., m, Eddy	Date of Birth	Thuc	70 of Glook of Owneronip					
	Please Sign Name in Full X	Driver License Identification Number		Social Security Number					
	Residence Address Apt. No. Residence Phone								
	(b) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership					
	Please Sign Name in Full	Driver License Identification Number		Social Security Number					
	X Residence Address Apt. No. Residence Phone								
	(a) Nama (First ML Lost)	Data of Birth	T:4-	)					
	(c) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership					
	Please Sign Name in Full X	Driver License Identification Number		Social Security Number					
	Residence Address		Apt. No. R	esidence Phone					
9.	a) Have you, or has any person named in this application, ever been an individual owner, partner, interested party, officer, corporation director or stockholder having more than ten percent of the stock in a business for which a DMV license, registration or certification was denied, suspended or revoked in New York State, including matters now on appeal?								
	b) Are you, or is anyone named in this application, scheduled f DMV business license, registration or certification? ☐ Yes	result in the suspension	sult in the suspension, revocation or denial of a						
	c) If (a) or (b) is "YES", provide name and address of the person(s), business type, date and action taken against the business or reason for the hearing.								
10.	Has the owner, any member of the partnership, interested party,			ed of, or forfeited bail for,					
	any misdemeanor or felony?								
	Court	Nature of Offense							
CERTIFICATION									
I certify that I am the owner, partner or officer of the business named in this request form, and that the information contained in it is true.									
NOTE: For partnerships, each partner must sign this form.  Name (Please Print Full Name)  Business Phone Number									
L		(		( )					
Sig	nature (Full Name)	Title		Date					
Pa	rtner's Signature (Full Name)	Partner's Signature (Full Name)							
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