

FINANCIAL SECURITY EXEMPTION APPLICATION

This document is an application for exemption from the Financial Security Law (as defined in section 318 of the NYS Vehicle and Traffic Law). This application is to be completed by appropriate facility staff and signed by the facility manager or owner as well as by the registrant. A copy of the repair shop invoice, as well as evidence that the vehicle is currently in compliance with the financial security sections of the Vehicle and Traffic Law, must accompany your application. Compliance may take the form of a current NYS insurance card, plate surrender, a report of lost or stolen plates (MV-78B), or the expiration of your vehicle registration. Please be aware that coverage will be confirmed with your insurance carrier. If this exemption involves multiple facilities or invoices, separate applications must be completed. Send original application and compliance documentation to NYS DMV, Insurance Services Bureau, 6 Empire State Plaza, Albany, NY 12228.

EXEMPTION TYPE REQUESTED: Repair Shop Junk/Salvage

A. FACILITY INFORMATION

Facility Name		
Address		
Telephone Number ()	NYS Facility Registration Number	Facility License Expiration Date

B. VEHICLE/REGISTRANT INFORMATION

Registrant Name		
Address		
License Plate #	Vehicle Year and Make	VIN

C. ACTIVITY DATES

Date vehicle entered facility: _____

Is the vehicle still in the facility's possession? YES NO

If not, when was vehicle released to the motorist? _____

Was this vehicle involved in any motor vehicle accidents, Vehicle and Traffic Law violations or parking violations during the period in question? YES NO

If "yes", please provide an explanation below:

A FALSE STATEMENT ON THIS APPLICATION MAY BE PUNISHABLE AS A CRIME UNDER THE NEW YORK STATE PENAL LAW.

Print Registrant's Name _____

Signature **X** _____ Date _____

FALSE STATEMENTS ON THIS APPLICATION ARE PUNISHABLE BY LAW AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF YOUR BUSINESS CERTIFICATE(S). THE PERSON SIGNING THIS APPLICATION STATES THAT SHE OR HE IS THE OWNER OR MANAGER OF THE FACILITY NAMED ON THIS APPLICATION AND THAT ALL INFORMATION PROVIDED IS TRUE.

Print Name of Facility Owner/Manager _____

Signature **X** _____ Date _____

