



APPLICATION FOR PRIVATE SERVICE BUREAU LICENSE RENEWAL

OFFICE USE ONLY table with fields: Renewal Application Rec'd Date, Renewal Issued Date, PSB Renewal Fee \$50.00 (non-refundable)

Your Private Service Bureau license, issued by the Department of Motor Vehicles (DMV), expires on June 30th of this year. To renew your license, you must answer all questions on this application. Please return this application, all required documentation, and a check or money order payable to the Commissioner of Motor Vehicles in the amount of \$50.00 (the NON-REFUNDABLE, two-year renewal fee).

INSTRUCTIONS:

- ◆ Print or type the information requested in this application.
◆ Include a photocopy of the owner's and all employees' valid driver licenses or non-driver identification cards.
◆ Include a photocopy of the workers' compensation exemption form, or current proof of disability insurance.
◆ Include a photocopy of the receipt that you give to your customers.

Form with fields: Name of Private Service Bureau as approved by DMV, Private Service Bureau License No., Date of Application, Name of Private Service Bureau Owner, Name of Website as approved by DMV, Mailing Address, City, State, Zip Code, Telephone No., Cell No., E-mail Address, Type of Business (Sole Proprietor, Partnership, Corporation, Association, Other).

ANSWER QUESTIONS 1-16 below and on the following pages.

1. Does your Private Service Bureau have a website and/or social media site? Yes No
If YES, provide the URL/websites associated with your business.

Note: Commissioner's Rules and Regulations Part 77.7(f) states: "DISCLAIMER. In any case where a private service bureau maintains a website that offers services or transactions that an applicant could obtain or conduct directly via the Department's own website, the private service bureau must include the following language by means of a statement on its website on any pages that refer to licensing, registration or title transactions performed by the New York State Department of Motor Vehicles in a noticeably distinct manner and in bold type of a size equal to at least 24 point type:

NOTICE: THIS TRANSACTION OR SERVICE IS ALSO AVAILABLE, AT NO ADDITIONAL CHARGE, DIRECTLY FROM THE OFFICIAL DEPARTMENT OF MOTOR VEHICLES WEBSITE AT DMV.NY.GOV."

2. Has the name of the business changed since the current license was issued? Yes No
If YES, provide the former name of the business and the reason for the business name change. Please note that no changes or additions will be allowed without prior approval by the DMV.

3. If your business is a partnership, has any partner changed since the current license was issued? Yes No
If YES, provide the names of the previous and current partners and reason(s) for each change.

4. Have you changed your business address or the address of any branch office since your current license was issued? Yes No
If YES, provide the previous address(es) and the reason(s) for the change.

5. Have you discontinued your business or closed any branch office since your current license was issued? Yes No
If YES, explain why you discontinued your business or closed any branch office.

If YES, was the license certificate surrendered to the DMV? Yes No

6. List the name and facility number or license number of any business licensed by DMV that you or any partner, corporate officer, manager or employee have owned, been a principle in or been employed at, even if these businesses are no longer operating:

Business Name	Facility Number or License Number

7. Have you or any partner, corporate officer, manager or employee had any business licensed by DMV that had its license(s) suspended or revoked? Yes No
 If **YES**, do you have any pending or unresolved charges? Yes No
 If **YES**, explain in the Remarks section.

8. Have you or any partner, corporate officer, manager or employee ever been denied an application and/or license by the NYS Department of Motor of Motor Vehicles? Yes No
 If **YES**, provide the date and reason for the denial in the Remarks section.

9. Does your facility share your address with any other facility licensed by DMV? Yes No
 If **YES**, provide the following:

Business Name	Business License Number or Facility Number

10. Has any owner, principle, partner or any employee been convicted of any misdemeanor or felonies or forfeited bail? Yes No
 If **YES**, explain in the Remarks section.

11. Has the owner, principle, partner or any employee ever worked for the NYS Department of Motor Vehicles? Yes No
 If **YES**, provide the following:

DMV Office Address	Dates of Employment

12. Has any licensing or certification organization, including any government agency, ever determined that you or any partner, corporate officer, manager or employee committed misconduct, unprofessional conduct or negligence that resulted in criminal charges? Yes No
 If **YES**, explain in the Remarks section.

13. Does any owner, principle, partner or employee have an arrest or criminal accusation currently pending against them? Yes No
 If **YES**, explain in the Remarks section.

14. Do you have employees? Yes No
 If **YES**, complete the table on the next page and attach a photocopy of the valid New York State driver license or non-driver identification card for each employee, an Employee Roster (form PSB-4) for each employee, a copy of your CURRENT disability insurance policy, and a CURRENT copy of Workers' Compensation Insurance.

If **NO**, submit a current workers' compensation exemption form (CE-200).

EMPLOYEES/RUNNERS/AGENTS (PAID OR UNPAID)

List all employees/runners/agents (paid or unpaid) working at or associated with the Private Service Bureau.

Date Hired	Name	Address	Driver License or Non-Driver ID No.*

***Note: ALL EMPLOYEES/RUNNERS/AGENTS (PAID OR UNPAID) WHO HAVE DIRECT IN-PERSON CONTACT WITH CUSTOMERS AND/OR DMV, MUST HAVE EITHER A VALID NYS DRIVER LICENSE OR A VALID NYS NON-DRIVER IDENTIFICATION CARD.**

15. Which DMV office(s) or Processing Center(s) processes your paperwork?

16. What services do you offer to your customers, and what fees do you charge for these services? If you need more space, attach an additional page.

Service Provided	Fee Charged
_____	\$ _____
_____	\$ _____
_____	\$ _____

CONDITIONS

As a condition for issuance and continued approval of the Private Service Bureau License, the undersigned Licensee agrees to all of the following terms and conditions:

- A. To maintain adequate records, as required by the New York State Vehicle and Traffic Law and the DMV Commissioner’s Rules and Regulations, and to permit the inspection of such records at reasonable times by an authorized representative of DMV. The Department of Motor Vehicles considers “reasonable time” to be 9:00 A.M. to 5:00 P.M., Monday thru Friday.
- B. Any employees/runners/agents (paid or unpaid) who have been convicted of a felony or misdemeanor will not be permitted to be employed by the Private Service Bureau, unless the employer has conducted a review pursuant to article 23-A of the New York Corrections Law and determined that the employee is qualified.
- C. To comply with all state laws and regulations, and all municipal ordinances and regulations relating to public health and public safety for the business facility.
- D. To comply with all provisions of the New York State Vehicle and Traffic Law and the DMV Commissioner’s Rules and Regulations relating to a Private Service Bureau.
- E. The Licensee must maintain and use only the name approved by the NYS Department of Motor Vehicles. This includes but is not limited to receipts, advertising, websites, etc.
- F. The Licensee must maintain current Workers Compensation and Disability Insurance Coverage if the Licensee has employees.
- G. The Licensee must immediately notify DMV when additional or substitute employees are employed by the Licensee.
- H. The Licensee must maintain a Book of Registry which sets forth the name, address, services rendered and the costs of each person obtaining services provided by the Licensee.
- I. The Licensee must issue receipts in carbon or computer-generated duplicate. The original must be given to the customer at the time the transaction is made, and the carbon or computer-generated duplicate must be retained by the Licensee.
- J. The Licensee’s receipt forms shall be numbered consecutively, and in addition, the receipts shall contain the name and address of the Licensee and the following statement: “This is a licensed Private Service Bureau but is not an official agent of the Department of Motor Vehicles, State of New York.”
- K. If the Licensee maintains a website that offers services or transactions through its Private Service Bureau license, the website must also utilize only the business name approved by NYS Department of Motor Vehicles. In addition, if a Licensee maintains a website that offers services or transactions that an applicant could obtain or conduct directly via the DMV’s public website, the Licensee must include the following statement on its website on any and all pages that refer to licensing, registration or title transactions performed by the NYS Department of Motor Vehicles in a noticeably distinct manner and in bold type of a size equal to at least 24-point type.

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Conditions continued on next page.

CONDITIONS (continued)

- L. The Licensee must install and maintain a security system to deter unauthorized access to the secure area where DMV funds and/or paperwork are stored.
- M. The Licensee must have a secure document storage container that is large enough to deter unauthorized access to the secure area where DMV supplies and/or customer personal information is stored.
- N. The secure document storage container must be in an area that is limited to authorized personnel and that cannot be accessed by the public.
- O. The Licensee must store DMV funds in a secure, locked filing cabinet or combination safe.
- P. The Licensee must notify DMV immediately when additional services not listed in the application are rendered.
- Q. The Licensee must notify DMV in writing immediately if there is a change in the address of any member of the firm, partnership or corporation.
- R. The Licensee must notify DMV immediately, on a form provided by the department, when additional or substitute employees are engaged during the year, or when a change in corporate officers or individuals doing business under a trade name occurs.

CERTIFICATION

I have read and understand the requirements. I certify that _____
Name of Private Service Bureau
 will comply with these requirements and I understand that failure to maintain the above requirements will result in the suspension or revocation of the Private Service Bureau license.

Print Name of Owner/Partner(s): _____ **Title:** _____

Signature: _____ **Date:** _____

AFFIRMATION

All of the undersigned affirm they have read the entire application, are familiar with all its contents, and all answers, statements and all other matters in it are true. Each owner, partner, manager, and corporation officer of the Private Service Bureau must sign in the space provided below.

1)	Signature X	Title
2)	Signature X	Title
3)	Signature X	Title
4)	Signature X	Title
5)	Signature X	Title
6)	Signature X	Title
7)	Signature X	Title
8)	Signature X	Title
9)	Signature X	Title
10)	Signature X	Title

I affirm that all statements made by me on this form are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification, and the falsification or omission of information is cause for denial of this application.

I understand that making a false statement on this application, concealing a material fact, or submitting any documentation in support of this application that is false, may be punishable as a criminal offense and will result in the suspension, revocation, or refusal to issue a renewal of a Private Service Bureau License.

If you have any questions about this renewal application, contact our office at (518) 473-6586.

Please return this completed, signed form with all required documentation and your non-refundable, two-year, \$50.00 renewal fee to:
 NYS Department of Motor Vehicles, Partnering Programs, 6 Empire State Plaza, Room 322, Albany, NY 12228

REMARKS

[Empty rectangular box for remarks]