



INSTRUCTIONS: Complete all sections in this application.

SECTION 1

Facility Number or License Number assigned by NYS DMV, if any _____

Business Name (as filed with the New York State Department of State) _____

Business Address (street and number where registrations will be processed) _____ Telephone # _____

City _____ State _____ Zip Code _____ County _____

Business Contact Name _____

Email Address _____ Telephone # _____ Fax # _____

Type of Business (check all that apply)
 Rental Dealer Leasing Fleet Management Private Service Bureau Other (explain) _____

Owner/Corporation Name (if different from business name) _____

Owner/Corporation Address _____ Telephone # _____

City _____ State _____ Zip Code _____ County _____

1. If this is an INDIVIDUAL ownership, complete (a) below. If a PARTNERSHIP, complete a section for each partner. If a CORPORATION, complete a section for each officer or director. If additional space is needed, attach a separate page.

a) Name	Date of Birth	Title
Residence Address		
b) Name	Date of Birth	Title
Residence Address		
c) Name	Date of Birth	Title
Residence Address		

2. If you are required by law to collect sales tax, provide your NYS Sales Tax Number: _____

3. What is your Federal Employer Identification Number (required by New York State Tax Law if you have employees)? _____

4. Are you participating in the NYS Dealer Plate Issuance Program? Yes No

SECTION 2

1. How many years has the owner or one principle in the company been in business? _____

2. Have you had any businesses licensed by the Department of Motor Vehicles that had their licenses suspended or revoked, or that are currently pending or under appeal? Yes No

SECTION 3

1. If your business is regulated by any other government agency in NYS, is your license or registration valid and in effect at this time? Yes No

Has your New York business license or business registration ever been suspended or revoked in the past five years? Yes No

If "Yes", give dates and details: _____

2. If your business is regulated by a government agency in a state other than New York, identify the state and provide your license or registration number, if any.

_____ State _____ License or Registration Number

3. Has any owner, partner or officer of this company had any business license, registration or certification denied, suspended or revoked in New York State, including matters now on appeal? Yes No

If "Yes", has it been at least one year since your case was resolved with New York State DMV? Yes No

If "Yes", provide the person's name and address and the type of business. Also, specify the action that was taken against the business and the date the action was taken:

4. Has any owner, any member of the partnership, or an officer or director of the corporation been convicted of, or forfeited bail for, a misdemeanor or felony, at any time? Yes No

If "Yes", provide the person's name and date of birth, the conviction date, penalty, nature of the offense and name of the court:

5. Has any licensing or certification organization, including government agency, ever determined that you committed misconduct, unprofessional conduct, or negligence, that resulted in criminal charges? Yes No

If "Yes", explain:

6. Have you ever been denied an application and/or license by NYS DMV? Yes No

If "Yes", give reason and date:

7. Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If "Yes", explain:

8. Do you have an arrest or criminal accusation currently pending against you? Yes No

If "Yes", explain:

SECTION 4

1. We need the following information to help determine the number of plates, stickers and registration documents you will need. To establish a plate inventory, provide an estimate of the number of registrations (for each appropriate type below) for which you issue a plate during a one-month period.

- Passenger (PAS multiples of 25) _____
- Commercial (COM multiples of 25) _____
- Trailer (TRL multiples of 25) _____
- Light Trailer (LTR multiples of 25) _____
- Motorcycle (MOT multiples of 25) _____
- Boat (BOT multiples of 25) _____
- ATV (ATV multiples of 25) _____

2. How many of the following plates are assigned to your facility? Dealer plates _____ Transporter plates _____

What is the expiration date of your dealer and transporter plates? _____ / _____ / _____
(Month/Day/Year)

3. To establish an inventory of security documents, including registration stickers, please estimate how many registration transactions using windshield registration stickers you expect to have in a month. Remember to include renewals and duplicate registrations where you do not issue a plate. (multiples of 100) _____

Trailer, light trailer, ATV and motorcycle registrations, and renewals of dealer and transporter plates, require a plate sticker. How many of these registration transactions do you expect to have in a month? _____

4. How many of the following documents/plates do you expect to use in a typical month? FS-6T (multiples of 50): _____ In-transit Permits (multiples of 25): _____

SECTION 5

CERTIFICATION

The person signing this application certifies to being the owner, partner or officer of the facility named on this application (or has signature authority for the organization), and that the information contained in this application is true. **To knowingly make a false statement or conceal a material fact in this application is a criminal offense, and will result in the revocation of your Private Service Bureau license. False statements are punishable under Section 210.45 of the Penal Code.**

Pursuant to Vehicle and Traffic Law Section 392, any person knowingly making a false statement in an application for any document issued by the Department or in any proof or statement in writing in connection with such an application shall be guilty of a misdemeanor.

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 that falsification or omission of information is cause for denial of this application.

_____ Name of Applicant (Please Print) _____ Date of Birth _____

_____ Residence Address _____

X _____ Signature of Applicant (Sign Name in Full) _____

_____ Title _____ Date _____

Section 206 of the New York State Vehicle and Traffic Law allows the Commissioner of Motor Vehicles to appoint, deny or cancel the appointment of agents, without a hearing, at any time.

Return the completed application to:

Partnering Programs
New York State Department of Motor Vehicles
6 Empire State Plaza Room 322
Albany, NY 12228

If you have any questions about this application, please call the Partnering Unit at (518) 474-7147.



SECTION 6

CHECKLIST OF REQUIREMENTS TO APPLY TO BE A PRIVATE SECTOR PARTNER:

- Did you answer all questions on the application?
- Remember to provide a copy of the New York State Department of State Filing Receipt that allows you to conduct business in New York (*not necessary if your business has a Facility Number issued by NYS DMV*).
- If you have a Facility Number issued by DMV's Vehicle Safety Division, your company name, address and the officers listed on this application **MUST** match those on DMV's Facility File. If you are not sure what owner information is listed on your dealer license, contact the Freedom of Information office at (518) 473-0967.
- DMV's Division of Field Investigation (DFI) staff will review security plans for plates and documents at your business before your application is approved. Please review the below list of DFI security standards to ensure that you comply before you submit your application.
- A copy of the driver's license (NY or out of state) of the owner/officers of the company listed above.
- Has it been at least one year since any cases, violations, appeals or hearings have been resolved with DMV?

SECTION 7 - PARTNERING PROGRAMS SECURITY REQUIREMENTS

BASIC SECURITY REQUIREMENTS FOR PARTICIPATION IN THE NYS DEPARTMENT OF MOTOR VEHICLES PRIVATE SECTOR PARTNER PROGRAM

Listed below are the security requirements for participation in the New York State Department of Motor Vehicles Private Sector Partnering (PSP) Program.

1. Must install and maintain an adequate security system (physical and electronic) to deter unauthorized access to the secure area where DMV supplies are stored.
2. Facility must have a secure document storage container, large enough to deter unauthorized removal from the facility, to store all security items (license plates, plate stickers, vehicle registrations, receipts (form FS-6T)).
3. Storage container must be located at the address that is listed on your NYS dealer license.
4. Secure document storage container must be located at the address listed on facilities NYS dealers license.
5. The secure document storage container must be in an area limited to authorized personnel and that cannot be accessed by the public.
6. The facility must store DMV funds in a secure, locked filing cabinet or combination safe. DMV funds can be stored with DMV supplies in the same locking filing cabinet or combination safe.
7. Processing terminal must be located at the address listed on facilities NYS dealers license.
8. The processing terminal must be in an area limited to authorized personnel and that cannot be accessed by the public.
9. The processing monitor must not be visible to the public or unauthorized employees and must be located at the address listed on your NYS dealers license.
10. Security documents must not be left unattended.

PHYSICAL SECURITY DURING NON-BUSINESS HOURS

1. The processing equipment must be shut down after hours.
2. Areas within the facility and on the outside perimeter, included but not limited to doorways, alleyways, parking lots, must be illuminated.
3. All documents and plates must be placed in the locked permanent storage container or safe.
4. The safe and/or storage container must be secured and locked.
5. All windows and doors must be locked.
6. Alarm system must be activated.