NEW YORK STATE OF OPPORTUNITY. Motor Vehicles

APPLICATION FOR A MOTOR VEHICLE BODY DAMAGE ESTIMATOR LICENSE

NOTE: Do not complete this form if you currently hold a **NYS Independent Adjuster's License** for General, Automobile-All Coverages, or Automobile Damage and Theft Appraisal.

• Complete applications/checks in blue or black ink only.

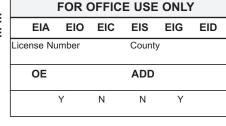
• FOR ORIGINAL APPLICATIONS

Answer **ALL** questions on **pages 1 and 2** that apply to you, and **SIGN** the application on page 2. An estimator's license will be issued only to someone who has: at least one year of training and/or experience in body repair cost estimating for a registered repair shop; or at least one year of training and/or experience in adjusting body repair claims for an insurance company or independent adjuster; or a degree in automotive technology from an accredited college or university or vocational school, and at least six months of experience in body repair cost estimating for a registered repair shop.

• TO <u>AMEND OR REPLACE</u> YOUR ESTIMATOR LICENSE

Answer questions 1-19 below, and **SIGN** the application on page 2 (No. 23)

•	RETURN APPLICATION AND	11 1	ORIGIN			
Plea	BUREAU OF CONSUMER A PO Box 2700-ESP Albany NY 12220-0700 Telephone (518) 474-7998 ase Print or Type in the space		Non-refundable appl Three-year license fe Total amount due Each fee must be pa payable to the Com Counter checks are	e id with a separa missioner of M	\$15 \$17 ate check or b	50 75 money order
1)	Check type of application:		AMENDMENT (No Fe	e)	REPLACEM	ENT (No Fee)
	Have you ever been a Certified I	Motor Vehicle Inspector and/	or a Licensed Body Da	mage Estimator	?	
2∳	Yes No			E	xpiration	
	If "YES", give your Certification/L	icense No			ate	
3∳	LAST NAME	FIRST	M.I.	DATE OF	BIRTH Day Year /	
6	MAILING ADDRESS NUMBER (inc	lude street no., rural delivery, and/or b	ox no.) APT. NO	D. HEIGHT	Inches	EYE COLOR
9	MAILING ADDRESS STREET N	AME	•	HOME TE (include are		
07	CITY OR TOWN	STATE Z	IP CODE	COUNTY	/	
<u>11</u>	HOME ADDRESS (if different from I NUMBER AND STREET (include rural de			STATE	Z	IP CODE
14	Has your address changed since	e your last driver license wa	s issued? Yes	□ No		
15	CLIENT I.D. NUMBER (from New Yor NOTE: Failure to provide a valid Clier of a Body Damage Estimator	nt ID will prevent issuance License.	driver license of	if you do not curi r non-driver ID. A ructions on how	form (ID-5 VS	BDE) will be



FIRST

M.I.

PRESENT EMPLOYER		FACILITY NUMBER (if applicable		BUSINESS TELEPHONE NUMBER		
6		17		18 ()	
BUSINESS AD	DDRESS (NUMBER AND STREET	.)	CITY	STATE	ZIP CODE	
9•						
	IAL APPLICATIONS ONLY) r been convicted of any felon	v or mindomoo	2012			
	— ·	-				
	t necessarily be rejected beca	", give details be ause of a convid		cord will be reviewe	ed on an individual basis.)	
Date of Violation	What is the Violation		Date of Conviction	Disposition & Fine	Court Location	
				-		
FOR ORIGIN	IAL APPLICATIONS ONLY)	List all motor v	ehicle body damage	estimator experience	ce:	
Dates (From - To)	Employer's Name and Address			Type of Work		
	IAL APPLICATIONS ONLY)					
A copy of you	r diploma must be provided	with this applica	tion if you have less	than one year of we	ork experience.	

Dates of Attendance	School Name and Address	Type of Course	Type of Degree

Section 398-d of the Vehicle & Traffic Law authorizes the licensing of motor vehicle body damage estimators. Anyone who has such a license agrees to comply with the rules and regulations promulgated by the Commissioner of Motor Vehicles. Failure to comply with these rules and regulations may result in the revocation of this license.

Notify this office of any change in your address.

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

NAME (PLEASE PRINT)

23 SIGNATURE X

(Sign Name in Full - DO NOT PRINT - No Nicknames)

Date_____



dmv.ny.gov

reset / clear