



FOR OFFICE USE ONLY					
EIA	EIO	EIC	EIS	EIG	EID
License Number			County		
OE			ADD		
Y	N	N	Y		

If you are **not** licensed by the NYS Insurance Department, complete this form.

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 AMEND OR REPLACE YOUR ESTIMATOR LICENSE

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

- RETURN APPLICATION AND PAYMENT TO:

BUREAU OF CONSUMER AND FACILITY SERVICES
PO Box 2700-ESP
Albany NY 12220-0700
Telephone (518) 474-7998

ORIGINAL APPLICATION FEES

Non-refundable application fee.	\$ 25
Three-year license fee.	\$150
Total amount due.	\$175

Each fee must be paid with a separate check or money order payable to the Commissioner of Motor Vehicles. Starter or Counter checks are not accepted.

Please Print or Type in the spaces next to the arrows

1 Check type of application: ORIGINAL AMENDMENT (No Fee) REPLACEMENT (No Fee)

Have you ever been a Certified Motor Vehicle Inspector and/or a Licensed Body Damage Estimator?

2 Yes No

If "YES", give your Certification/License No. _____ Expiration Date _____

3 LAST NAME	FIRST	M.I.	4 DATE OF BIRTH Month / Day / Year	5 SEX M F X
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6 MAILING ADDRESS NUMBER (include street no., rural delivery, and/or box no.)	APT. NO.	7 HEIGHT Feet / Inches	8 EYE COLOR
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9 MAILING ADDRESS STREET NAME	10 HOME TELEPHONE NUMBER (include area code)
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11 CITY OR TOWN	STATE	ZIP CODE	12 COUNTY
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13 HOME ADDRESS (if different from mailing address) NUMBER AND STREET (include rural delivery, box no. and/or apartment no.)	CITY	STATE	ZIP CODE
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14 Has your address changed since your last driver license was issued? Yes No

15 CLIENT I.D. NUMBER (from New York State driver license or non-driver ID)
NOTE: Failure to provide a valid Client ID will prevent issuance of a Body Damage Estimator License.

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Check this box if you do not currently have a New York State driver license or non-driver ID. A form (ID-5 VSBDE) will be mailed with instructions on how to obtain a Client ID.

PLEASE CONTINUE, AND SIGN ON PAGE 2





PRESENT EMPLOYER 16 ▶	FACILITY NUMBER (if applicable) 17 ▶	BUSINESS TELEPHONE NUMBER 18 ▶ ()
BUSINESS ADDRESS (NUMBER AND STREET)	CITY	STATE
ZIP CODE		

19 ▶

20 ▶ (FOR ORIGINAL APPLICATIONS ONLY)
 Have you ever been convicted of any felony or misdemeanor?
 Yes No If "YES", give details below:
(Applicants will not necessarily be rejected because of a conviction record. Each record will be reviewed on an individual basis.)

Date of Violation	What is the Violation?	Date of Conviction	Disposition & Fine	Court Location

21 ▶ (FOR ORIGINAL APPLICATIONS ONLY) List all motor vehicle body damage estimator experience:

Dates (From - To)	Employer's Name and Address	Type of Work

22 ▶ (FOR ORIGINAL APPLICATIONS ONLY) List any trade school, vocational school, or other motor vehicle repair courses taken.
 A copy of your diploma **must** be provided with this application if you have less than one year of work 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 _____ Date _____
(Sign Name in Full - DO NOT PRINT - No Nicknames)