



RENEWAL APPLICATION OF A BODY DAMAGE ESTIMATOR LICENSE

FOR OFFICE USE ONLY		
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**NOTE:** If you are currently licensed by the Insurance Department, as of January 1, 1996, you will not have to be licensed by this Department. If you do not hold an insurance adjustor's license, complete this form.

INSTRUCTIONS:

1. This form is for renewals **ONLY**. Do not use it for original applications.
2. **Answer all questions; we will return incomplete applications.**
3. The three-year certification fee is \$150. Make check (no starter checks) or money order payable to the Commissioner of Motor Vehicles and attach it to this application.
4. Return the completed application with check or money order to: **Bureau of Consumer and Facility Services, Attn: Certification Unit, PO Box 2700 - Albany NY 12220-0700; Telephone: (518) 474-7998.**

<b>1</b> BDE LICENSE NO.:	CURRENT EXPIRATION DATE:			
<b>2</b> SOCIAL SECURITY NUMBER (as required by the New York State Tax Law)	CLIENT IDENTIFICATION NUMBER (from NYS Driver License)			
<b>3</b>	<b>3</b>			
<b>4</b> Has your name changed in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", print your correct name, date of birth and sex in the spaces provided below. If "No", go to Question 5.				
LAST NAME	FIRST			
M.I.	DATE OF BIRTH			
	Month / Day / Year			
	SEX Male <input type="checkbox"/> Female <input type="checkbox"/>			
<b>5</b> Has your address changed in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", print your new address in the spaces provided below. If "No", go to Question 6.				
MAILING ADDRESS (Include Street No., Rural Delivery, Box and/or Apt. No.)				
CITY OR TOWN	STATE			
ZIP CODE	COUNTY			
<b>6</b> Have you been convicted of any felony or misdemeanor in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", give details below: (Applicants will not necessarily be rejected because of a conviction record. Each application will be reviewed on an individual basis.)				
<b>Date of Violation</b>	<b>Nature of Violation</b>	<b>Date of Conviction</b>	<b>Disposition &amp; Fine</b>	<b>Court Location</b>
<p><b>Section 398(d) of the Vehicle &amp; Traffic Law provides for the licensing of motor vehicle body damage estimators. Anyone who has such a licenses agrees to comply with the rules and regulations promulgated by the Commissioner of Motor Vehicles. Failure to comply to comply with these rules and regulations may result in the revocation of this license. Notify this office of any change in your address.</b></p> <p style="text-align: center;"><b>FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.</b></p>				
<b>7</b> SIGN NAME IN FULL - DO NOT PRINT - No Nicknames	WORK TELEPHONE NO.	DATE		
<b>X</b>	( )	/ /		

