

**RENEWAL APPLICATION OF
 BODY DAMAGE ESTIMATOR LICENSE**

NOTE: If you are currently licensed by the Insurance Department you will not have to be licensed by the DMV. If you do not hold an insurance adjuster's license, complete this form.

FOR OFFICE USE ONLY		
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INSTRUCTIONS:

1. This form is for renewals **ONLY**. Do not use this form for original applications. If your expiration date is more than six months passed, you must complete a VS-117 form
2. **Answer all questions; we will return incomplete applications. Complete applications/checks in blue or black ink only.**
3. The three-year certification fee is \$150. Make check or money order payable to the Commissioner of Motor Vehicles and attach it to this application. Starter or Counter checks are not accepted.
4. Submit 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.**

1 BDE LICENSE NO.:		CURRENT EXPIRATION DATE:		
2 CLIENT IDENTIFICATION NUMBER (from NYS Driver License or Non-Driver ID) _____				
3 LAST NAME		FIRST	M.I.	DATE OF BIRTH Month / Day / Year
SEX M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>				
4 MAILING ADDRESS (Include Street No., Rural Delivery, Box and/or Apt. No.) _____ CITY OR TOWN STATE ZIP CODE COUNTY _____ Has your address changed in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5 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: <i>(Applicants will not necessarily be rejected because of a conviction record. Each application will be reviewed on an individual basis.)</i>				
Date of Violation	Nature of Violation	Date of Conviction	Disposition & Fine	Court Location
Section 398-d of the Vehicle & Traffic Law provides for 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.				
6 SIGN NAME IN FULL - DO NOT PRINT - NO NICKNAMES X		WORK TELEPHONE NO. ()	DATE / /	



RESET / CLEAR