



Department of Motor Vehicles

AUTOMOBILE BROKER BUSINESS APPLICATION

DMV USE ONLY

Tracking #	County	Zip Code
Facility #	Facility Name	

FOR ASSISTANCE WITH THE COMPLETION OF THIS APPLICATION OR INFORMATION ON BUSINESS REQUIREMENTS PLEASE VISIT DMV.NY.GOV

ALL APPLICANTS: PLEASE READ CAREFULLY

This is the business type that you are applying for. Complete all 3 pages of this form.

AUTOMOBILE BROKER

PART 1 Print name and location of business, business email address and phone number. If business is conducted at more than one location, please submit a separate application for each location.

Business Name		Business Email Address	
Business Street Address (physical location)			Business Phone No. (Area Code) ()
City	State	ZIP	County

CONTACT: This information will be used for contact and correspondence while processing this application ONLY!

Contact Person (principal of business)	Title	Contact's Email Address
Mailing Address		Contact Phone No. (Area Code) ()
City	State	ZIP

PART 2 Ownership - you may select only one of the following three business types (Part 2 continues on next page)

- Individual (complete Section A) Corporation/LLC (complete Section C)
 Partnership (complete Section B)

INDIVIDUAL (doing business in your legal name) **OR** **INDIVIDUAL WITH ASSUMED NAME** ("doing business as" or DBA name)
▶ Proof of business name not required. // Enclose a copy of the business certificate obtained from your County Clerk's office.
// Attach a copy (front & back) of the owner's valid driver license. If the owner does not have a driver license, // attach a copy of one of the following: non-driver ID card, passport or resident alien card.

SECTION A

Last Name	First	MI	Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street)			City
State		ZIP	Residence Phone No. (Area Code) ()
Please Sign Name In Full X			Driver License/Non-Driver ID Number

PARTNERSHIP WITH ASSUMED NAME ("doing business as" or DBA name)
▶ // Enclose a copy of the partnership papers obtained from your County Clerk's office. The partnership papers must contain all partners' names and the DBA name.
Complete one section for each partner; if more than three, // attach additional pages. // Attach a copy of each partner's driver license. If a partner does not have a driver license, // attach a copy of one of the following: non-driver ID card, passport or resident alien card.

SECTION B

1. Last Name	First	MI	Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street)			City
State		ZIP	Residence Phone No. (Area Code) ()
Please Sign Name In Full X			Driver License Number
2. Last Name	First	MI	Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street)			City
State		ZIP	Residence Phone No. (Area Code) ()
Please Sign Name In Full X			Driver License Number
3. Last Name	First	MI	Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street)			City
State		ZIP	Residence Phone No. (Area Code) ()
Please Sign Name In Full X			Driver License Number

PART 2 (Ownership) CONTINUED FROM PAGE 1

CORPORATION (Inc., Corp., Ltd.)

▶ Enclose a copy of the filing receipt issued by the NYS Department of State: (518) 473-2492 or dos.ny.gov

CORPORATION WITH ASSUMED NAME ("doing business as" or DBA name)

▶ Print corporation name below and enclose a copy of the filing receipt with the assumed name issued by the NYS Department of State. You can contact the NYS Department of State at: (518) 473-2492 or dos.ny.gov

Corporation Name _____

LIMITED LIABILITY COMPANY (LLC)

For Inc., Corp., and Ltd., list corporate officers. **President, Secretary and Treasurer are required** (one person may be President, Secretary, and/or Treasurer). List stockholders and percentage of stock (not required for publicly-traded companies). For LLC, list all managing members. Attach additional pages if needed. Attach a copy of each listed person's driver license. If any listed person does not have a driver license, attach a copy of one of the following: non-driver ID card, passport or resident alien card. You must include documents to show company is publicly-traded.

SECTION C

1. Last Name First MI Date of Birth (Month/Day/Year)

Title (check all that apply) President Secretary Treasurer Member Other _____ Percentage of Stock

Residence Address (Include Number and Street) City State ZIP Residence Phone No. (Area Code) ()

Please Sign Name In Full Driver License Number
X

2. Last Name First MI Date of Birth (Month/Day/Year)

Title (check all that apply) President Secretary Treasurer Member Other _____ Percentage of Stock

Residence Address (Include Number and Street) City State ZIP Residence Phone No. (Area Code) ()

Please Sign Name In Full Driver License Number
X

3. Last Name First MI Date of Birth (Month/Day/Year)

Title (check all that apply) President Secretary Treasurer Member Other _____ Percentage of Stock

Residence Address (Include Number and Street) City State ZIP Residence Phone No. (Area Code) ()

Please Sign Name In Full Driver License Number
X

PART 3 Complete all sections:

A. Have you or any person named in this application ever had a financial interest in a DMV-regulated business that had its license, registration or certification denied, suspended or revoked in New York State? This includes an interest as owner, partner, corporate officer or stockholder holding more than ten percent of the stock, and includes matters now on appeal. No Yes

If "YES": Specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.

B. Are you, or is anyone named in this application, scheduled for a hearing or been notified of a pending hearing regarding a business license, registration or certification that was issued by DMV Vehicle Safety? No Yes

If "YES": Specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.

C. Have you or any person named in this application been convicted of, or forfeited bail for, any misdemeanor or felony at any time? No Yes

If "YES": Name _____ Date of Birth _____

Conviction Date _____ Penalty _____ Court _____

Explain specific nature of offense: _____

If you have additional offenses they must be reported on an attached sheet.

D. Does anyone else have a financial interest in your business that is not disclosed on this application? No Yes

If "YES": Name _____

E. You must provide your Federal Employer Identification Number: _____.

Do you have any employees? No Yes If "YES", // attach a copy of proof of Worker's Compensation and Disability Insurance coverage.

F. Have you or anyone named in Part 2 of this application ever held a business license, registration or certification for any of the other business types that DMV regulates?

No Yes If "YES" List the type(s) below and provide all current and previous facility/certified inspector numbers.
// Attach additional page, if needed.

Current facility/certified inspector numbers

Previous facility/certified inspector numbers

G. Section 740-a of the General Business Law requires automobile broker businesses to obtain and continue in effect a surety bond in an amount of one hundred thousand dollars executed by a surety company authorized to transact business in NYS by the Department of Financial Services.

****All automobile brokers must submit a complete copy of a sealed and signed surety bond, including power of attorney papers, that is in effect in the amount of one hundred thousand dollars with this application.****

Do you have a surety bond as prescribed in section 740-a of the General Business Law? Yes No

Name of Surety Bond Company or Name of Authorized Agent of the Bond Company	Surety Bond Number
Address of Surety Bond Company or Authorized Agent of the Bond Company	

Your Automobile Broker Business Application is nearly complete.

REMEMBER TO INCLUDE THE FEES ASSOCIATED WITH THIS APPLICATION!

When you submit this application, you must submit a check made payable to the Commissioner of Motor Vehicles in the amount of \$487.50 for the two-year registration and application fee.

CERTIFICATION

(all applicants must complete this section)

I understand that I am responsible to comply with all applicable laws, including Vehicle & Traffic Law Section 415 and General Business Law Article 35B.

FALSE STATEMENTS ON THIS APPLICATION ARE PUNISHABLE BY LAW AND MAY RESULT IN DENIAL, SUSPENSION, OR REVOCATION OF YOUR BUSINESS CERTIFICATE(S). I certify that I am the owner, partner, officer or managing member of the facility named on this application, I am not a franchisor as defined in Vehicle and Traffic Law 462(8), and all information provided in this application is true. I am, and will continue to be, in compliance with all state and local laws regulations.

Name	Date of Birth (Month/Day/Year)
Business e-mail Address	
Residence Address (include number and street)	City State Zip Code
Please Sign Name In Full	Title Date (Month/Day/Year)
X	

PLEASE REVIEW THE REQUIREMENT CHECKLIST(S). YOU MUST MEET ALL REQUIREMENTS TO BE APPROVED.

- Have you completed the entire application?
- Have you signed the application?
- Have you included a copy of your surety bond?
- Have you included your check(s) or money order(s) for the application and registration/licensing fees?
(NO STARTER CHECKS ACCEPTED)
- Make your check(s) or money order(s) payable to: Commissioner of Motor Vehicles
- Mail this completed application with all REQUIRED // ATTACHMENTS and your payment to:
Vehicle Safety Services
Application Unit
6 Empire State Plaza, Room 220
Albany, NY 12228-0001

If you need assistance, call the Office of Vehicle Safety Application Unit at 518-474-0919.

Forms are available at dmv.ny.gov