



DMV USE ONLY		
Tracking #	County	Zip Code
		Facility Name

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

ALL APPLICANTS: PLEASE READ CAREFULLY

This is the business type that you are applying for. Complete all 4 pages of this form.

Manufacturer Plates

*All manufacturers must obtain a World Manufacturer Identifier (WMI). WMI # _____

NOTE: Vehicle Identification Number deciphering information must comply with 49 CFR Part 565 and Manufacturer identifying information must comply with 49 CFR Part 566. For more information on WMI numbers, visit https://vpic.nhtsa.dot.gov/mid/

PART 1 Print name and location of business, business e-mail address and phone number below:

Business Name		Business E-mail 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 E-mail Address	
Mailing Address			Contact Phone No. (Area Code) ()	
City	State	ZIP	County	

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

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

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.

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.

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 from 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 from the NYS Department of State: (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. (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 DMV Vehicle Safety issued business license, registration or certification? 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.

PART 3 Continued Complete all sections:

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

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

- | | | | | |
|---|---------------------------------------|---|---|--|
| <input type="checkbox"/> Retail Motor Vehicle Dealer, New | <input type="checkbox"/> Dismantler | <input type="checkbox"/> ATV Dealer | <input type="checkbox"/> Inspection Station | <input type="checkbox"/> Scrap Collector |
| <input type="checkbox"/> Retail Motor Vehicle Dealer, Other | <input type="checkbox"/> Transporter | <input type="checkbox"/> Salvage Pool | <input type="checkbox"/> Qualified Dealer | <input type="checkbox"/> Scrap Processor |
| <input type="checkbox"/> Wholesale Motor Vehicle Dealer | <input type="checkbox"/> Boat Dealer | <input type="checkbox"/> Repair Shop | <input type="checkbox"/> Mobile Car Crusher | <input type="checkbox"/> Certified Inspector |
| <input type="checkbox"/> Itinerant Vehicle Collector | <input type="checkbox"/> Yacht Broker | <input type="checkbox"/> Repair Shop disposing of major component scrap | | |

Current facility/certified inspector numbers: _____
 Previous facility/certified inspector numbers: _____

PART 4	Place of business: <input type="checkbox"/> Own (complete Section A) // Attach copy of tax bill or deed. Do you <i>The name on the tax bill or deed must match the Business Name in Part 1.</i>
	<input type="checkbox"/> Lease (complete Sections A and B) // Attach copy of your lease <i>The name on the tax bill or deed does not match the Business Name listed in Part 1</i>
	<input type="checkbox"/> Sublease (complete Sections A, B and C) // Attach copy of your sublease
	<input type="checkbox"/> Pending/Lease (complete Sections A and B) // Attach notarized statement from property owner*
	<input type="checkbox"/> Pending/sublease (complete Sections A and B) // Attach notarized statement from property owner*

* Notarized statement from the property owner stating you will have permission to use location to operate your business (i.e. dealers can sell motor vehicles) upon application approval, describing exactly which portions of the building your business will occupy.

A. All applicants must complete this section.

Name of Property Owner		Phone No. (Area Code)	
		()	
Owner Mailing Address (Include Number and Street)			
City		State	ZIP
Number of Years or Months Owned	Is this property zoned for all of the business type(s) you are applying for? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PLEASE NOTE: If any of the leases will expire in the next six months, // you must provide a letter from the **owner or lessor** stating the intention to renew that lease. If you do not provide the required information with your application, the application will be **denied**.

B. If you are leasing or subleasing, complete this section.

Print the name the lease is in (Lessee Name)		Phone No. (Area Code)	
		()	
Business Address			
City	State	ZIP	Must Have at Least Six-Month Lease - Expiration Date / /

C. If you are subleasing, complete this section.

Print the name the sublease is in (Sublessee Name)		Phone No. (Area Code)	
		()	
Business Address			
City	State	ZIP	Must Have at Least Six-Month Lease - Expiration Date / /

Your Original Facility Application is nearly complete.

REMEMBER TO INCLUDE THE FEES ASSOCIATED WITH THIS APPLICATION!

When you submit this application, you must submit a check or money order made payable to the Commissioner of Motor Vehicles.

Application and Business Fees: \$487.50

Number of plates requested: _____

Intended Use: _____


Applicant must submit a statement that explains the intended use of the manufacturer plates.

CERTIFICATION**(all applicants must complete this section)**

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 and regulations and I will enroll in and use the VERIFI program if my application is for a motor vehicle dealership.

Name		Date of Birth (Month/Day/Year)
Business e-mail address		
Residence Address (Include Number and Street)		
City	State	ZIP
Please Sign Name In Full ▶		
Title		Date (Month/Day/Year)

PLEASE REVIEW THE REQUIREMENT CHECKLIST BELOW. YOU MUST MEET ALL REQUIREMENTS TO BE APPROVED.

- ***Have you completed the entire application?***
- ***Have you signed the application?***
- ***Have you included your check or money order for the application and registration/licensing fees?
(NO STARTER CHECKS ACCEPTED)***
- ***Make your check or money order payable to Commissioner of Motor Vehicles***
- **Return this completed application along with all REQUIRED  ATTACHMENTS by mail 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