| OFFICE USE ONLY |      |  |  |
|-----------------|------|--|--|
| Application No. | Date |  |  |
| Lic. No.        | Date |  |  |

| NEW YORK<br>STATE OF<br>OPPORTUNITY. | Department of<br>Motor Vehicles |
|--------------------------------------|---------------------------------|
| 4                                    | Motor verifices                 |

## APPLICATION FOR A LICENSE TO OPERATE A PRIVATE SERVICE BUREAU OR OPEN A BRANCH OFFICE

| FEE | SCH | EDU | ILE |
|-----|-----|-----|-----|
|-----|-----|-----|-----|

Original Application . . . . . \$25.00 Branch Office(per branch). \$ 1.50

An additional \$25.00 license fee will be required upon approval

#### **INSTRUCTIONS:**

- ◆ Print or type the information in this application.
- Refer to the Private Service Bureau page of the NYS DMV website (<a href="http://dmv.ny.gov/more-info/about-private-service-bureau-licenses">http://dmv.ny.gov/more-info/about-private-service-bureau-licenses</a>) for information about the documents that must accompany this application.

| ior information about the documents that must a  |   | · · · · · · · · · · · · · · · · · · · |                          |                     |               |
|--|---|---------------------------------------|--------------------------|---------------------|---------------|
| Name of Private Service Bureau   |   |                                       |                          | Date of Application | (Mo./Day/Yr.) |
| Mailing Address of Private Service Bureau (Street & No.)   | Cit   | у                                     | State Zip Coo            | de County           |               |
| Name of Website/URL Address (must match the name that NYS DM   | V approved on the PSB license)              |                                       |                          |                     |               |
| If you also plan to operate a branch office, provide the branch office   | address:                                    |                                       |                          |                     |               |
| Telephone Cell No.   |   | Type of Business (check               | k one of the following): |                     |               |
| ( )  |   | ☐ Sole Proprietor                     |                          |                     | Association   |
| List names and addresses of all owners, partners, corporate<br>non-driver ID card for all owners, partners, corporation of                             | ficers, managers and employ                 | ees is required.                      | f necessary). A photo    | ocopy of the driver | r license or  |
| Name   | Last 4 Digits of Social<br>Security Number* |                                       | Addre                    | ess                 |               |
| Owners   | Security Number                             |                                       |                          |                     |               |
|  |   |                                       |                          |                     |               |
|  |   |                                       |                          |                     |               |
| Partners   |   |                                       |                          |                     |               |
|  |   |                                       |                          |                     |               |
| Corp. Officers   |   |                                       |                          |                     |               |
|  |   |                                       |                          |                     |               |
|  |   |                                       |                          |                     |               |
| Managers   |   |                                       |                          |                     |               |
|  |   |                                       |                          |                     |               |
|  |   |                                       |                          |                     |               |
| ANSWER ALL QUESTIONS IN THE FOLLOWING SEC  | CTION:                                      |                                       |                          | 1                   | CHECK ONE     |
|  |   |                                       |                          | Yes No              |               |
| (If <b>Yes</b> , provide name and license number of the Private Service Bureau in the "Remarks" section on the next page. Be sure to provide dates     |   |                                       |                          |                     | пп            |
| of operation and reason for discontinuance if not still in operation.)   |   |                                       |                          |                     |               |
| 2. Where is your Private Service Bureau operated from?   | for example, office space, re-              | sidence, etc.)                        |                          |                     |               |
| 3. Is the Private Service Bureau conducted in conjunction with any other business?   |   |                                       |                          |                     |               |
| If <b>Yes</b> , what kind of business?   |   |                                       |                          |                     |               |
| 4. Is your Private Service Bureau within 1,500 feet from the nearest state or county office where driver licenses or vehicle registrations are issued? |   |                                       |                          |                     |               |
|  |   |                                       |                          |                     |               |
| 5. Does your current business have a website and/or social media site?   |   |                                       |                          |                     |               |

Note: Commissioner's Regulations Part 77.7 states:

In any case where a private service bureau maintains a website that offers services or transactions that an applicant could obtain or conduct or conduct directly via the Department's own website, the private service bureau must include the following language by means of a statement on its website on any pages that refer to licensing, registration or title transactions performed by the New York State Department of Motor Vehicles in a noticeably distinct manner and in bold type of a size equal to at least 24 point type:

| QUESTIONS (CONTINUED)  |  |  |  |
|--|--|--|--|
| 6. Do you share office space or desk room with any other business?   | 🗆 🗆  |  |  |
| If <b>Yes</b> , list the following:  |  |  |  |
| Type of business:  |  |  |  |
| List business name and owner:  |  |  |  |
| 7. Please list the names and facility numbers of any businesses licensed by DMV that you have owned o  | r been employed by or are/were principle in. |  |  |
| Business Name  | Facility Number                              |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 8. Have you had any business licensed by DMV that has had its license(s) suspended or revoked?   | 🗆 🗆  |  |  |
| If <b>Yes</b> , do you have any pending or unresolved charges?   | 🗆 🗆  |  |  |
| 9. Have you ever been denied an application and/or license by the NYS Department of Motor Vehicles?  | 🗆 🗆  |  |  |
| If <b>Yes</b> , provide the date and reason for the denial in the Remarks section.   |  |  |  |
| 10.Does your facility share your address with any other facility licensed by DMV?  | 🗆 🗆  |  |  |
| If <b>Yes</b> , list the following:  |  |  |  |
| Business name:   |  |  |  |
| Business license number and/or facility number:  |  |  |  |
| 11. Has any owner, principle or partner been convicted of any misdemeanors or felonies or forfeited bail?  |  |  |  |
| 12. Are you working for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you ever worked for the NYS Department of Motor Vehicles or have you have yo | Department of Motor Vehicles?                |  |  |
| If <b>Yes</b> , list the following:  |  |  |  |
| Address of DMV Office:   |  |  |  |
| Dates of Employment:   |  |  |  |
| 13. Has any licensing or certification organization, including a government agency, ever determined that conduct, or negligence that resulted in criminal charges?   |  |  |  |
| If <b>Yes</b> , explain in the Remarks section.  |  |  |  |
| 14. Have you ever been convicted of a criminal offense (felony or misdemeanor)?  |  |  |  |
| If <b>Yes</b> , explain in the Remarks section.  |  |  |  |
| 15. Do you have an arrest or criminal accusation against you currently pending?  | 🗆 🗆  |  |  |
| If <b>Yes</b> , explain in the Remarks section.  |  |  |  |

**CHECK ONE** 

**REMARKS** 

Page 2 of 4 MV-372 (3/23)

#### **EMPLOYEES/RUNNERS/AGENTS (PAID OR UNPAID)**

List all employees/runners/agents (paid or unpaid) working at or associated with the Private Service Bureau.

| Date Hired | Name | Address | Driver License or<br>Non-Driver ID No.* |
|------------|------|---------|---|
|            |      |         |   |
|            |      |         |   |
|            |      |         |   |
|            |      |         |   |
|            |      |         |   |

\*Note: ALL EMPLOYEES/RUNNERS/AGENTS (PAID OR UNPAID) WHO HAVE DIRECT IN-PERSON CONTACT WITH CUSTOMERS AND/OR DMV, MUST HAVE EITHER A VALID DRIVER LICENSE OR A VALID NON-DRIVER IDENTIFICATION CARD.

#### **CONDITIONS**

As a condition for issuance and continued approval of a Private Service Bureau License, the undersigned Licensee agrees to all of the following terms and conditions:

- A. To maintain adequate records, as required by the New York State Vehicle and Traffic Law and the DMV Commissioner's Rules and Regulations, and to permit the inspection of such records at reasonable times by an authorized representative of DMV. The Department of Motor Vehicles considers "reasonable time" to be 9:00 A.M. to 5:00 P.M., Monday thru Friday.
- B. Not to employ or use employees/runners/agents (paid or unpaid) who have been convicted of a felony or misdemeanor unless each employee is approved by the Commissioner of Motor Vehicles.
- C. To comply with all state laws and regulations, and all municipal ordinances and regulations relating to public health and public safety for the business facility.
- D. To comply with all provisions of the New York State Vehicle and Traffic Law and the DMV Commissioner's Rules and Regulations relating to a Private Service Bureau.
- E. The Licensee must maintain and use only the name approved by the NYS Department of Motor Vehicles. This includes but is not limited to receipts, advertising, websites, etc.
- F. The Licensee must maintain current Workers Compensation and Disability Insurance Coverage if the Licensee has employees.
- G. The Licensee must immediately notify DMV when additional or substitute employees are employed by the Licensee.
- H. The Licensee must maintain a Book of Registry which sets forth the name, address, services rendered and the costs of each person obtaining services provided by the Licensee.
- I. The Licensee must issue receipts in carbon or computer-generated duplicate. The original must be given to the customer at the time the transaction is made, and the carbon or computer-generated duplicate must be retained by the Licensee.
- J. The Licensee's receipt forms shall be numbered consecutively, and in addition, the receipts shall contain the name and address of the Licensee and the following statement: "This is a licensed Private Service Bureau but is not an official agent of the Department of Motor Vehicles, State of New York."
- K. If the Licensee maintains a website that offers services or transactions through its Private Service Bureau license, the website must also utilize only the business name approved by NYS Department of Motor Vehicles. In addition, if a Licensee maintains a website that offers services or transactions that an applicant could obtain or conduct directly via the DMV's public website, the Licensee must include the following statement on its website on any and all pages that refer to licensing, registration or title transactions performed by the NYS Department of Motor Vehicles in a noticeably distinct manner and in bold type of a size equal to at least 24-point type.

# NOTICE: THIS TRANSACTION OR SERVICE IS ALSO AVAILABLE, AT NO ADDITIONAL CHARGE, DIRECTLY FROM THE OFFICIAL DEPARTMENT OF MOTOR VEHICLES WEBSITE AT DMV.NY.GOV.

- L. The Licensee must install and maintain a security system to deter unauthorized access to the secure area where DMV funds and/or paperwork are stored.
- M. The Licensee must have a secure document storage container that is large enough to deter unauthorized access to the secure area where DMV supplies and/or customer personal information is stored.
- N. The secure document storage container must be in an area that is limited to authorized personnel and that cannot be accessed by the public.
- O. The Licensee must store DMV funds in a secure, locked filing cabinet or combination safe.

| CFRT | TEI | CAT | ION |
|------|-----|-----|-----|
|      |     |     |     |

| I have read and understand the requirements. I certify that  | rivate Service Bureau                              |
|--|--|
| will comply with these requirements and I understand that failure to maintain the above requirements | will result in the suspension or revocation of the |
| Private Service Bureau license.  |  |
| Print Name of Owner/Partner(s):  | Title:   |
| Signature:   | Date:  |

MV-372 (3/23) Page 3 of 4

#### **AFFIRMATION**

| All of the undersigned | affirm they have re | ead the entire application,  | are familiar with all its contents. | , and all answers, | statements and all oth | er matters in it are true |
|------------------------|---------------------|------------------------------|-------------------------------------|--------------------|------------------------|---------------------------|
| Each owner partner m   | anager and cornor   | ation officer of the Private | e Service Bureau must sign in th    | e space provided l | helow                  |                           |

| 1)                 |       |
|--------------------|-------|
| Signature X        | Title |
| 2)                 |       |
| Signature <b>X</b> | Title |
| 3)                 |       |
| Signature X        | Title |
| 4)                 |       |
| Signature X        | Title |
| 5)                 |       |
| Signature <b>X</b> | Title |
| 6)                 |       |
| Signature X        | Title |
| 7)                 |       |
| Signature <b>X</b> | Title |
| 8)                 |       |
| Signature X        | Title |
| 9)                 |       |
| Signature X        | Title |
| 10)                |       |
| Signature X        | Title |
|                    |       |

To knowingly make a false statement or conceal a material fact in this application is a criminal offense, and will result in the revocation of your Private Service Bureau License. False statements are punishable under Section 210.45 of the Penal Code.

Pursuant to Vehicle and Traffic Law Section 392, any person knowingly making a false statement in an application for any document issued by the Department or in any proof or statement in writing in connection with such an application shall be guilty of a misdemeanor.

Vehicle and Traffic Law Section 394(5) authorizes the Department to suspend or revoke a Private Service Bureau license or refuse to issue a renewal thereof where the licensee has made a material false statement or concealed a material fact in connection with the licensee's application for a license or renewal.

### RETURN THIS FORM WITH ALL REQUIRED DOCUMENTATION AND THE APPLICATION FEE TO:

Partnering Programs
NYS Department of Motor Vehicles
6 Empire Plaza Room 322
Albany NY 12228

MV-372 (3/23) Page 4 of 4