



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

DMV USE ONLY
Tracking # County Zip Code
Facility # Facility Name

ALL APPLICANTS: PLEASE READ CAREFULLY

This is the business type that you are applying for. Complete all 5 pages of this form

X Dealer/Transporter
dealer/transporter information is on page 4

NOTE: If applying for a Junk & Salvage business you will need to submit form VS-1JS.

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 four business types (Part 2 continues on next page)

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

INDIVIDUAL (doing business in your legal name) OR INDIVIDUAL WITH ASSUMED NAME ("doing business as" or DBA name)
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 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 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 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 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) <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other _____			Percentage of Stock
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)
Title (check all that apply) <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other _____			Percentage of Stock
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)
Title (check all that apply) <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other _____			Percentage of Stock
Residence Address (Include Number and Street)		City	State ZIP Residence Phone No. (Area Code) ( )
Please Sign Name In Full X			Driver License Number

SECTION D

**EDUCATIONAL FACILITY** (School, BOCES)

➤ Print Superintendent’s name below. No documents required for proof of business name.

**Superintendent** (Name and Phone No.) \_\_\_\_\_

**GOVERNMENT AGENCY** (State, County, City)

➤ Print Government Official’s name below. No documents required for proof of business name.

**Government Official** (Name and Phone No.) \_\_\_\_\_

Please enter information of supervising employee of facility who may be contacted regarding compliance issues.

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

Business Name

**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.** All applicants, except Inspection Stations and Transporters, must provide a copy of NYS Department of Taxation and Finance DTF-17A (Certificate of Authority) or your valid NYS issued tax ID number here: \_\_\_\_\_ **tax.ny.gov or (518) 485-2889**

\*Verify your ID is valid at <https://www7b.nystax.gov/TIVL/tivlStart> before submitting.

**F.** 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.

**G.** 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:**  **Own (complete Section A)** Attach copy of tax bill or deed.  
 Do you *The name on the tax bill or deed must match the Business Name in Part 1.*
- Lease (complete Sections A and B)** Attach copy of your lease  
*The name on the tax bill or deed does not match the Business Name listed in Part 1*
- Sublease (complete Sections A, B and C)** Attach copy of your sublease
- Pending/Lease (complete Sections A and B)** Attach notarized statement from property owner\*
- 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 / /		



Complete #1 and read #2

1. Check business type(s) below:

- Retail Motor Vehicle Dealer, New (franchised passenger cars, SUVs, light trucks, etc.)** – With one or more franchise agreements with one or more registered manufacturers to sell at retail a particular make of **new** motor vehicle.  
*📎* You must include a copy of every franchise agreement with your application.  
 Number of dealer demonstration plates requested\_\_\_\_\_. Number of MV-50 books requested\_\_\_\_\_.
- Retail Motor Vehicle Dealer, Other (motorcycles, trailers, used cars, RVs, heavy trucks, etc.)** – Engaged in retail or retail with wholesale buying, selling or dealing in motor vehicles, motorcycles, limited use vehicles or trailers of more than 1,000 pounds unladen weight (other than mobile homes).  
 Number of dealer demonstration plates requested\_\_\_\_\_. Number of MV-50 books requested\_\_\_\_\_.
- Wholesale Motor Vehicle Dealer** – Engaged in buying, selling or dealing in motor vehicles, motorcycles or trailers at wholesale ONLY (cannot sell retail).  
 Number of transporter plates requested\_\_\_\_\_. Number of MV-50 books requested\_\_\_\_\_.
- Boat Dealer** – Engaged in buying, selling or trading boats designed to have a motor, and that can be used to transport one or more people across water.  
 Number of boat dealer demonstration numbers requested\_\_\_\_\_. Number of dealer demonstration plates requested\_\_\_\_\_.
- Transporter** – Requiring the limited operation of motor vehicles, motorcycles, limited use vehicles or trailers for the purpose of delivery, repair or improvements. Include a written statement with your application that explains, in detail, your business need for transporter plates.  
 Number of transporter plates requested\_\_\_\_\_.
- ATV Dealer** – engaged in buying, selling or trading ATVs.
- Yacht Broker** – acts as an agent for either the buyer or the seller of a boat.

2. All Motor Vehicle Dealers are required to have in place (and filed with NYS DMV) a surety bond, in the appropriate amount, as follows:

\$20,000 – Retail or Wholesale Motor Vehicle Dealer (other than New) that sold 50 or fewer vehicles during the previous calendar year.

\$100,000 – Retail or Wholesale Motor Vehicle Dealer (other than New) that sold more than 50 vehicles during the previous calendar year.

\$50,000 – Retail Motor Vehicle Dealer, New (franchised passenger cars, SUVs, light trucks, etc.)\*

\* Dealers selling only trailers, motorcycles, vehicles over 10,000 pounds, ATVs, boats, snowmobiles are exempt from the bond requirements.

*📎* Form VS-3, Dealer Bond Under New York State Vehicle and Traffic Law Section 415(6-b), must be completed by the surety company. The form (copies accepted), with the surety company’s seal, business name, address and signature of owner/partner/corporate officer/managing member, and power of attorney papers must be included with your application.

**ALL DEALER REGISTRATIONS (MOTOR VEHICLE, BOAT, TRANSPORTER, AND ATV)  
see VS-142, Dealer/Transporter Requirements.**

Business Name

## Your Original Facility Application is nearly complete.

### **REMEMBER TO INCLUDE THE FEES ASSOCIATED WITH THIS APPLICATION!**

When you submit this application, you must submit TWO separate checks, both made payable to the Commissioner of Motor Vehicles.

Check 1 (Application and Business Fees): ..... \$487.50

Check 2 (MV-50 fees): ..... \$260.00

**NOTE:** If you are applying to be a Transporter, Boat Dealer, Yacht Broker or ATV Dealer, the above fees may not be correct. Please contact Vehicle Safety at (518) 474-0919 for the correct fee for your application.

### **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.

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(S). YOU MUST MEET ALL REQUIREMENTS TO BE APPROVED.**

- ***Have you completed the entire application?***
- ***Have you signed the application?***
- ***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***
- ***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](http://dmv.ny.gov)**

Business Name

**THE FOLLOWING PAGE(S) ARE INFORMATIONAL**

Please review these to ensure you are meeting all the requirements for your business type(s).

These pages do not need to be submitted with your application.



Information on Dealer/Transporter requirements can be found at [dmv.ny.gov](http://dmv.ny.gov) under “open a dealership” ([dmv.ny.gov/dealers/open-dealership](http://dmv.ny.gov/dealers/open-dealership)), in Part 78 of the DMV Commissioner’s Regulations ([dmv.ny.gov/forms/cr78.pdf](http://dmv.ny.gov/forms/cr78.pdf)), and in section 415 of the NYS Vehicle and Traffic Law.

**YOU MUST COMPLETE ALL REQUIREMENTS. SEND YOUR DOCUMENTATION FOR REQUIREMENTS 1 THROUGH 10 TO THE ADDRESS SHOWN BELOW. REQUIREMENTS 11 THROUGH 15 MUST BE MET DURING THE INSPECTION OF YOUR SITE. IF YOU DO NOT COMPLETE ALL REQUIREMENTS, THE DMV WILL REJECT YOUR APPLICATION.**

- 1. Complete and manually sign the Original Facility Application. We do not accept stamped or typed signatures.
- 2. Provide proof of business name:
  - (a) **Owners of a Corporation or a Limited Liability Corporation (LLC):**  
Submit a copy of your filing receipt from the New York Department of State’s Division of Corporations. Also, write the percentage of stock ownership for each officer on your Original Facility Application. For more information, call the Department of State at (518) 473-2492 or visit [dos.ny.gov](http://dos.ny.gov).
  - (b) **Owners in a Partnership or Individual Owners with an assumed business name:**  
You must complete and notarize a “Business Certificate of Assumed Name,” also known as a DBA, and then file this certificate with the County Clerk of the county where your business operates. Submit a copy of the filing receipt from the County Clerk with your application.
- 3. Submit a copy of the driver licenses or other government-issued identification for **all** owners and officers or members of the business.
- 4. Provide your business’s New York State Tax Identification number on your Original Facility Application or submit a copy of your Sales Tax Certificate of Authority Form (DTF-17A). For more information, contact the New York State Department of Taxation and Finance at (518) 485-2889 or visit [tax.ny.gov](http://tax.ny.gov).
- 5. All dealers that sell passenger cars and light trucks must submit a sealed and signed Surety Bond (copies accepted) with power of attorney papers made out to your exact business name and address. Effective 4/08/2017, **All Motor Vehicle Dealers\*** are required to have in place (and filed with NYS DMV) a surety bond in the appropriate amount as follows:
  - \$20,000 - Retail or Wholesale Motor Vehicle Dealer (other than New) that sold 50 or fewer vehicles during the previous calendar year
  - \$100,000 - Retail or Wholesale Motor Vehicle Dealer (other than New) that sold more than 50 vehicles during the previous calendar year
  - \$50,000 - Retail Motor Vehicle Dealer, New (franchised passenger cars, SUVs, light trucks, etc.)

\* Dealers selling only trailers, motorcycles, vehicles over 10,000 pounds, ATVs, boats, or snowmobiles are exempt.
- 6. Transporters must submit a statement that explains why they need transporter plates.
- 7. Retail dealers that sell new motor vehicles must submit a franchise agreement or letter of intent from the manufacturer. (Note: Franchisors must not use form VS-1. NYS Vehicle and Traffic Law section 415(7)(f) prohibits the issuance of a dealer registration to franchisors as defined in Vehicle and Traffic Law section 462(8): “Franchisor” means any manufacturer, distributor, distributor branch or factory branch, importer or other person, partnership, corporation, association, or entity, whether resident or non-resident, which enters into or is presently a party to a franchise with a franchised motor vehicle dealer.)
- 8. If your business has employees, submit a copy of your proof of Workers’ Compensation insurance.
- 9. You must pay the fees indicated on your application for your application to be processed. The fees must be paid using checks or money orders payable to **Commissioner of Motor Vehicles. Starter checks are not accepted.**
- 10. Submit a copy of the deed, mortgage or receipted tax bill if your business owns the property at the location of your business. If you rent at that location, provide the lease or rental agreement and copy of the deed, mortgage or tax bill from the property owner. If you sublease at that location, provide a copy of the lease and the sublease. If you have a pending lease, attach a notarized statement from the property owner that states you will have permission to use the location to sell motor vehicles upon issuance of a license, and that describes exactly which portions of the building your business will occupy.

**Once you have completed the requirements in numbers 1 through 10, send your documentation to:**  
**Vehicle Safety Services**  
**Application Unit**  
**6 Empire State Plaza, Room 220**  
**Albany, NY 12228-0001**

**NOTE: The items described in numbers 11-15 must be available to the Automotive Facilities Inspector at the time of inspection.**

- 11. Dealer book of registry; bills of sale that comply with Commissioner’s Regulations 78.13; proofs of ownership (titles) for vehicles in stock; warranty forms, odometer statements; a method to lock security items, such as a cabinet or safe that locks.
- 12. The place of business must have heat, electricity, a phone (cell phones are acceptable) and a desk. Applicants must have a separate and exclusive mailing address, verified by the United States Postal Service, and exclusive use of their mail receptacle.
- 13. All retail dealers must have space for the display of at least three vehicles at all times. Transporters and wholesale dealers are exempt from this requirement.
- 14. Permanently mounted signs as per Commissioner’s Regulations 78.26.
- 15. If there are other businesses at the same location, you need a permanent physical barrier (non-movable wall, fence, landscaping) to separate the display areas, signs, and offices of the different businesses.

## DEALER SUPPLY LIST

Your application will not be approved unless the items listed below are available for the Automotive Facilities Inspector, who will visit your facility. If your facility is approved as a dealership, you must sign a VERIFI Facility Participation Agreement.

Ensure that the following items are available for the Automotive Facilities Inspector:

1. Book of Registry (this requirement is met when you enroll in VERIFI)
2. Bills of Sale
3. Odometer Statements (does not apply to ATV or boat dealers)
4. Warranty Forms (does not apply to ATV or boat dealers)

You can purchase those items through the following vendors\*:

- Automotive Dealer Supplies (518) 465-9900 [www.automotivedealersupplies.com/](http://www.automotivedealersupplies.com/)
- Fairmount Press (212) 255-2300
- Jan Horan Co. 800-325-3006 [www.janhoran.com/](http://www.janhoran.com/)
- OMP Printing (315) 853-5569 [www.ompprintingandgraphics.com/](http://www.ompprintingandgraphics.com/)
- SNYADS Services 800-916-9723 [www.nysada.com/Programs/SNYADSServices.aspx](http://www.nysada.com/Programs/SNYADSServices.aspx)
- NFADA Wholesale Distributors (716) 631-8510 [www.discountusedcarsupplies.com](http://www.discountusedcarsupplies.com)
- Aratari Auto Finishers (585) 467-5858 [www.aratariautofinishers.com](http://www.aratariautofinishers.com)
- Larry Ligarzewski Co. (716) 668-0390
- Genesys Systems 888-548-4000 [www.newyorkdealerstartupkit.com](http://www.newyorkdealerstartupkit.com)
- Coastal Dealer Supply (315) 431-0080 email: [shop@coastal/dealersupply.com](mailto:shop@coastal/dealersupply.com)

\* DMV does not endorse these companies or otherwise represent that DMV has any association with, or oversight of, these companies.

Lemon Law contracts and Used Vehicle Buyer's Guides are also available from the vendors shown above.

