

JUNK & SALVAGE FACILITY APPLICATION

FOR INFORMATION ABOUT THIS APPLICATION OR FOR
INFORMATION ABOUT BUSINESS REQUIREMENTS,
VISIT DMV.NY.GOV/MORE-INFO/JUNK-SALVAGE-BUSINESSES

DMV USE ONLY

Tracking #	County	Zip Code
Facility #	Facility Name	

Check the box next to the business type(s) for which you are applying for a registration or certification

BUSINESS REGISTRATIONS (valid for 2 years) - \$100 fee for each type

- | | |
|--|---|
| <input type="checkbox"/> Vehicle Dismantler | <input type="checkbox"/> Mobile Car Crusher |
| <input type="checkbox"/> Itinerant Vehicle Collector | <input type="checkbox"/> Salvage Pool |

BUSINESS CERTIFICATIONS - No Fee

- | | |
|--|--|
| <input type="checkbox"/> Scrap Processor | <input type="checkbox"/> Junk and Salvage business based out of state doing business in NY |
| <input type="checkbox"/> Scrap Collector | |

For additional information on these business types and requirements please see page 4 of this application and form (VS-144) Junk and Salvage Requirements

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 INFORMATION: 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 - Select only one of the following four business types (Part 2 continues on next page)

- | | |
|---|--|
| <input type="checkbox"/> Individual (complete Section A) | <input type="checkbox"/> Corporation/LLC (complete Section C) |
| <input type="checkbox"/> Partnership (complete Section B) | <input type="checkbox"/> Government/Education (complete Section D) |

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 ⤵					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 ⤵					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



SECTION C

CORPORATION (Inc., Corp., Ltd.)

➤ Enclose a copy of the filing receipt issued from the NYS Department of State (DOS). You may contact the DOS at **(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 (DOS). You may contact the DOS 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.

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 _____				
Residence Address (Include Number and Street) _____ City _____ State _____ ZIP _____				
Please Sign Name In Full				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 _____				
Residence Address (Include Number and Street) _____ City _____ State _____ ZIP _____				
Please Sign Name In Full				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 _____				
Residence Address (Include Number and Street) _____ City _____ State _____ ZIP _____				
Please Sign Name In Full				Driver License Number
↓				

SECTION D

EDUCATIONAL FACILITY (School, BOCES)

➤ Print Superintendent’s name below. No documents are required for proof of business name.
Superintendent (Name and Phone No.) _____

GOVERNMENT AGENCY (State, County, City)

➤ Print the government official’s name below. No documents are required for proof of business name.
Government Official (Name and Phone No.) _____

Please enter information for the facility’s supervising employee 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 _____				
Email _____				
Please Sign Name In Full				Driver License Number
↓				

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. All applicants, except Inspection Stations and Transporters, must provide a copy of NYS Department of Taxation and Finance (DTF) form DTF-17A (Certificate of Authority) or enter your valid NYS tax ID number here : _____ You may contact DTF at **www.tax.ny.gov** or **(518) 485-2881**.

F. You must provide your Federal Employer Identification Number: _____ . Do you have employees as defined by Worker's Compensation (see wcb.ny.gov)? No Yes If "YES", **//** attach a copy 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 business 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	<input type="checkbox"/> Lease (complete Sections A and B) // Attach copy of your lease
		<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 specific type of Junk and Salvage Business.

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 / /	



JUNK AND SALVAGE REGISTRATIONS – If completing this section, answer all questions and see VS-144, Junk and Salvage Requirements.

(Authority: Vehicle and Traffic Law Section 415-a; Commissioner’s Regulations Part 81)

FEE: Two-Year Registration Fee \$100

If applying for more than one business type, pay the two-year registration fee for each business type.

1. Check the business registration for which you are applying:

- Itinerant Vehicle Collector – purchases non-operable vehicles/components and sells them to dismantlers or scrap processors.
Mobile Car Crusher – operates a transportable device used for crushing motor vehicles for scrap.
Vehicle Dismantler – purchases, dismantles and sells motor vehicles and trailers for parts and/or scrap.
Salvage Pool – acts on behalf of a vehicle owner or insurance company in the sale of junk and salvage vehicles or major components.

2. Vehicle Dismantler and Salvage Pool applicant must enclose a certificate of occupancy, a local license, or a letter from your local authority stating that you may operate a Vehicle Dismantler or Salvage Pool business. The letter from your local authority must be on its letterhead, be dated (not more than ten years old), and contain the following: the full name and address of your business, type of business, a statement that you may operate a Vehicle Dismantler or Salvage Pool business at the location identified on your application, and the printed name and title of the official preparing the letter.

3. Vehicle Dismantler and Salvage Pool applicants doing business in Queens, Kings, Richmond, Bronx and New York counties must also include photocopies of valid New York City licenses for Secondhand Dealer General and Secondhand Dealer Auto, issued by the NYC Department of Consumer Affairs. You may contact Consumer Affairs at www.nyc.gov, call 311 within NYC, or call (212) 639-9675 from outside NYC.

4. For Dismantler only – You must have equipment to recover air conditioning refrigerant. You must send, with your application, a Manufacturer’s Certificate or an invoice as proof of purchase of motor vehicle refrigerant recycling equipment, as required by Section 415-a of the New York State Vehicle and Traffic Law. For information about approved equipment, visit www.epa.gov/mvac/section-609-certified-equipment.

JUNK AND SALVAGE CERTIFIED BUSINESSES

(Authority: Vehicle and Traffic Law Sections 415-a, 2257-b; Commissioner’s Regulations Part 81)

FEES: None

1. Check the type(s) of business(es) for which you are requesting certification:

- Scrap Processor – purchases motor vehicles or parts for processing into metallic and non-metallic scrap. General Business Law §69-f requires Scrap Processors to obtain a license from the municipality where the business is located.
Scrap Collector – collects and disposes of miscellaneous scrap and vehicular scrap to Dismantlers or Scrap Processors.
Junk and Salvage businesses based out of state that do business in New York State must apply to the Commissioner for an identification number, which shall be issued provided that such person complies with the laws and regulations of the jurisdiction in which the person has a principal place of business or engages in such business.

The following out-of-state businesses, doing business in New York State, must obtain a NYS Identification Number: Dismantlers, Itinerant Vehicle Collectors, Mobile Car Crushers, Salvage Pools, Scrap Processors, Scrap Collectors, and Repair Shops disposing of major component parts to junk and salvage businesses in New York State.

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.

NOTE: If you have questions regarding business fees, please contact Vehicle Safety at (518) 474-0919.


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, and I have complied with Vehicle and Traffic Law (VTL) §415-a, including by obtaining a scrap processor license from the municipality where the business is located, pursuant to General Business Law §69-f, if operating as a scrap processor.

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 REQUIREMENTS ON FORM VS-144 (ATTACHED). 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)***
- ***Is your check or money order made 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

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 junk and salvage requirements may be found on the DMV website dmv.ny.gov under (Dealer & Transporters) "Learn more about Junk & Salvage Businesses". You may also reference Commissioner's Regulations Part CR-81 and New York State Vehicle and Traffic Law 415-a.

Note: Copies of required documents will also have to be given to the Automotive Facilities Inspector at the time of inspection.

All requirements listed below must be met or your application will be denied.

- 1. Proof of business name:
 - (a) Corporation or LLC:
Filing Receipt from NYS Department of State; percentage of stock ownership for each officer.
 - Forms can be obtained through the NYS Department of State, Division of Corporations (518-473-2492) www.dos.ny.gov.
 - (b) Partnership or Individual using an assumed name:
You must complete, notarize, and file an "Business Certificate of Assumed Name" also known as a DBA with the county clerk where the business is located. You must also provide a phone bill with business name at the business address.
- 2. Copies of driver licenses or government-issued photo ID for **all** owners and officers or members of LLC.
- 3. Copy of your New York State Department of Tax and Finance (DTF-17A) Certificate of Authority or your valid Tax ID number. For information contact NYS Department of Taxation and Finance at 800-698-2909.
- 4. Attach a signed check or money order made out to the Commissioner of Motor Vehicles. Starter checks are not accepted.
- 5. Sign and complete application VS-1JS.
- 6. Provide your Federal Employer Identification Number. Do you have employees as defined by Worker's Compensation (see wcb.ny.gov)? No Yes If "YES", attach a copy of Worker's Compensation and Disability Insurance coverage.
- 7. Proof of Zoning (under 10 years old), from the local municipality allowing a Vehicle Dismantler or Salvage Pool (depending on which one applied for) at your location.
- 8. A manufacturer's certificate or invoice as proof of approved motor vehicle refrigerant recycling or recapturing equipment as required by Section 415-a of NYS Vehicle & Traffic Law.
- 9. Dismantlers or salvage pools located in Queens, Kings, Richmond, Bronx, and New York counties must provide a fire department permit and New York City Department of Consumer Affairs licenses: second-hand auto dealer license; and general & second-hand auto dealer license. For information go to <https://www1.nyc.gov/nycbusiness/description/junk-and-salvage> or call 311 within NYC or outside of NYC call (212) 639-9675.
- 10. Scrap Processors - General Business Law §69-f requires Scrap Processors to obtain a license from the municipality where the business is located.
- 11. A permanently bound book of registry with consecutively numbered pages, which complies with Commissioners Regulations 81.
- 12. The seven-digit facility number must be displayed on all advertising, business stationery and on all vehicles.
- 13. Adequate safeguard for records.
- 14. Proof of ownership for all vehicles and major components in stock.
- 15. Sign at the facility's main entrance with the seven-digit facility number on it and name under which it is registered.