



ORIGINAL FACILITY APPLICATION

DMV USE ONLY	
TRACKING #	COUNTY
FACILITY #	ZIP CODE
FACILITY NAME	

ALL APPLICANTS COMPLETE PARTS 1 – 8

PART 1 Check business type(s) that you are applying for:

The information in parentheses indicates the section of Part 7 that must be completed for each type selected.

<input type="checkbox"/> Repair Shop (Section A) <input type="checkbox"/> Body Repair Shop (Section A) <input type="checkbox"/> Mobile Repair Shop (Section A) <input type="checkbox"/> Drive-In Appraisal (Section A) <input type="checkbox"/> Public Inspection Station (Section B) <input type="checkbox"/> Dealer Inspection Station (Section B)	<input type="checkbox"/> Fleet Inspection Station (Section B) <input type="checkbox"/> Retail Motor Vehicle Dealer, New* Franchised passenger cars and light trucks. (Section C) <input type="checkbox"/> Retail Motor Vehicle Dealer, Other* All motorcycles, trailers, used cars, RVs, heavy trucks, etc. (Section C) <input type="checkbox"/> Wholesale Motor Vehicle Dealer* (Section C)	<input type="checkbox"/> Boat Dealer (Section C) <input type="checkbox"/> Yacht Broker (Section E) <input type="checkbox"/> Transporter (Section C) <input type="checkbox"/> ATV Dealer Only** (Section C) <input type="checkbox"/> Itinerant Vehicle Collector (Section D) <input type="checkbox"/> Mobile Car Crusher (Section D)	<input type="checkbox"/> Vehicle Dismantler (Section D) <input type="checkbox"/> Salvage Pool (Section D) <input type="checkbox"/> Scrap Processor (Section E) <input type="checkbox"/> Scrap Collector (Section E) <input type="checkbox"/> Out-of-State Junk/Salvage (Section E)
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* §415(7)(f) of the NYS Vehicle and Traffic Law prohibits the issuance of a dealer registration to franchisors as defined in Vehicle and Traffic Law §462(8). If you are such a franchisor of passenger cars, SUVs, light trucks, pickup trucks, vans, minivans or suburbans, with a gross vehicle weight rating of ten thousand pounds or less, DO NOT submit this form.

** Snowmobile dealers do not use this form; if you are a snowmobile dealer, please use form RV-253.

PART 2 Check type of ownership (one ownership type per application) and include paperwork described below:

Individual (doing business in your legal name)
 > Proof of business name not required.

Individual w/ assumed name ("doing business as" or DBA name)
 > Enclose a copy of the business certificate obtained from your County Clerk's office.

Partnership w/ 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.

Corporation (Inc., Corp., Ltd.)
 > Enclose a copy of the filing receipt issued from the NYS Department of State: (518) 473-2492 or www.dos.ny.gov

Corporation w/ 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 www.dos.ny.gov
Corporation Name _____

Limited Liability Company (LLC)
 > Enclose a copy of the filing receipt issued from the NYS Department of State: (518) 473-2492 or www.dos.ny.gov

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.) _____

If you need assistance, call the Office of Vehicle Safety Application Unit at 518-474-0919 between 7:30 a.m. and 4:00p.m. Forms are available at www.dmv.ny.gov



PART 3 Print name and location of business, and business e-mail address, below:

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

PART 4 Ownership information (complete the section that applies):

A. INDIVIDUAL OWNERSHIP: Attach a copy of the owner's Driver License. (If the owner does not have a Driver License, attach a copy of one of the following: Non-Driver ID, 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 Identification Number	
Social Security Number					

B. PARTNERSHIP: 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, 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 Identification Number	
Social Security 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 Identification Number	
Social Security 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 Identification Number	
Social Security Number					

C. CORPORATION or LIMITED LIABILITY COMPANY: For Inc., Corp., and Ltd., list corporate officers (**President, Secretary and Treasurer are required**). 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, passport or resident alien card.)

1. Last Name		First	MI	Date of Birth (Month/Day/Year)	
Title				Percentage of Stock	
Residence Address (Include Number and Street)				City	State ZIP
Residence Phone No. (Area Code) ()		Please Sign Name In Full ➡		Driver Identification Number	
Social Security Number					

2. Last Name		First	MI	Date of Birth (Month/Day/Year)	
Title				Percentage of Stock	
Residence Address (Include Number and Street)				City	State ZIP
Residence Phone No. (Area Code) ()		Please Sign Name In Full ➡		Driver Identification Number	
Social Security Number					

3. Last Name		First	MI	Date of Birth (Month/Day/Year)	
Title				Percentage of Stock	
Residence Address (Include Number and Street)				City	State ZIP
Residence Phone No. (Area Code) ()		Please Sign Name In Full ➡		Driver Identification Number	
Social Security Number					

Please Sign Name In Full ➡		Driver Identification Number		Social Security Number	
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PART 5 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, date and action taken against the business.

B. Are you, or is anyone named in this application, scheduled for a hearing that may result in the suspension, revocation or denial of a DMV Vehicle Safety issued business license, registration or certification? NO YES
 If "YES": Specify name and address of the person(s), business type, date and reason for hearing.

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 nature of offense (*Further explanation may be attached.*) _____

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 must provide Sales Tax Number here _____ (except Inspection Stations, Yacht Brokers and Transporters). You must attach a photocopy of the Certificate of Authority (DTF-17A) from the NYS Department of Taxation and Finance: www.tax.ny.gov or 1-800-698-2909

F. Do you have any employees? NO YES
 If "YES": provide your Federal Employer Identification Number _____, and attach a copy of proof of Worker's Compensation and Disability Insurance coverage from the NYS Insurance Fund: ww3.nysif.com or (212) 312-9000

G. Have you ever held a business license, registration or certification for any of the business types listed below? NO YES
 If "YES": Check the type(s) below and provide all current and previous facility 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"/> Itinerant Vehicle Collector	<input type="checkbox"/> Yacht Broker	<input type="checkbox"/> Repair Shop disposing of major component scrap		

Current facility numbers _____
 Previous facility numbers _____

PART 6 Place of business: Do you Own (complete Section A) Lease (complete Sections A and B) Sublease (complete Sections A, B and C)**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 the business type(s) you are applying for? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PLEASE NOTE: Whether you own or are leasing your business property, it is your responsibility to be in compliance with all state and local laws and regulations, while being considered for registration and while conducting your business. 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 this 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 / /

PART 7 Complete all sections that apply to the business type(s) checked in Part 1:

Section A REPAIR SHOP REGISTRATION – If completing this section, answer all questions and see **VS-145, Repair Shop Requirements.**

(Authority: Vehicle and Traffic Law Section 398; Commissioner's Regulations Part 82)

FEES Application Fee: \$10 Two-Year Registration Fee: \$150 Total (Application Fee plus Two-Year Registration Fee): \$160
If applying for more than one business type, only pay highest application fee plus two-year registration/license fee for each business type.

1. Check one Repair Shop type: Repair Shop Body Repair Shop (over 75% of work is body repair)
 Drive-in Appraisal Mobile Repair Shop (repair shop on wheels)
2. Does your shop service motor vehicle air conditioning systems? No Yes If "Yes", 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 398-c of the New York State Vehicle and Traffic Law. For information about approved equipment: www.epa.gov/ozone/title6/609/technicians/appequip.html
3. Repair Shop disposing of vehicular scrap. No Yes If "Yes", you are certifying as a Repair Shop disposing of major component parts (including transmissions, engines, noses, frames or bodies). Identify the Scrap Processors with which you will do business. Attach an additional page if you need more room to list these businesses.
Name _____ Address _____ Facility Number _____
4. If you are applying for a Repair Shop or Body Repair Shop registration, you must enclose a certificate of occupancy, a local license, or a letter from your local authority stating that you may operate a Motor Vehicle Repair Shop. 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 Motor Vehicle Repair Shop at the location identified on your application, and the printed name and title of the official preparing the letter. **OR** Provide proof that a registered repair shop is or was operating at that location. Provide the previous facility number, and the business name, if known:
Facility Number _____ Business Name _____

Section B INSPECTION STATION LICENSE – If completing this section, answer all questions and see **VS-143, Inspection Station Requirements.**

(Authority: Vehicle and Traffic Law Sections 215, 302, 303; Commissioner's Regulations Part 79)

FEES Application Fee: \$25 Two-Year License Fee: \$100 Total (Application Fee plus Two-Year License Fee): \$125
If applying for more than one business type, only pay highest application fee plus two-year registration/license fee for each business type.

1. Check the type of station license you are requesting (only one):
 - Public Inspection Station** – Inspects vehicles for general public and must have a Repair Shop at the same location.
 - Dealer Inspection Station** – Must have a dealer registration. Dealer business name and Inspection Station name must be the same. Inspects only vehicles owned by the Dealership and its employees.
 - Fleet Inspection Station** – Business must have more than 25 vehicles registered in its name, and perform inspections only on its own vehicles and vehicles owned by employees of the firm.If you checked "Fleet Inspection Station", how many vehicles are registered in the business name? _____
2. Check the inspection group(s) for vehicles you intend to inspect, and for which you have the necessary space and equipment:
 - Group 1** a & b b only
 - a. All passenger vehicles, suburbans, and trucks up to and including 18,000 pounds MGW. All public stations must have a NYVIP emissions system. For information on purchasing inspection equipment, call SGS Testcom at 1-866-469-8477.
 - b. Trailers up to and including 18,000 pounds MGW
 - Group 2** a & b a only b only
 - a.
 - All motor vehicles over 18,000 pounds MGW
 - All motor vehicles that have an MGW over 10,000 pounds and under 18,001 pounds, when requested by the registrant
 - All motor vehicles with a seating capacity of more than fourteen passengers
 - All trailers that have an MGW over 18,001 pounds, and those trailers that have an MGW over 10,000 pounds and under 18,001 pounds, when requested by the registrant
 - b.
 - All semi-trailers
 - Group 3** Motorcycles
 - Group DL** Diesel Emissions testing

3. If you will perform Diesel Emissions Inspections, print the manufacturer's name and the model number of the testing equipment here: _____

(Manufacturer's Name)

(Model Number)

4. What is the length and width (in feet) of your enclosed inspection area? _____ X _____ = _____

(Length)

(Width)

(Total Area)

What is the height of your overhead door (in feet)? _____

(Overhead Door Height)

5. Give the name and certificate number of each of the Certified Inspectors at your facility. Attach an additional page if you need more room to list the inspectors. **You must have at least one full-time inspector.**

Name

Certificate Number

Expiration Date

SECTION C ALL DEALER REGISTRATIONS (MOTOR VEHICLE, BOAT, TRANSPORTER, AND ATV) –
If completing this section, see VS-141, Dealer Supply List and VS-142, Dealer/Transporter Requirements.

(Authority: Vehicle and Traffic Law Sections 415, 417, 2257, 2282; Commissioner's Regulations Parts 78, 103, 104)

Dealer Type	Application Fee	2-year Registration Fee	Total (Application fee, plus 2-year Registration Fee)
All Motor Vehicle Dealers	\$ 37.50	\$ 450.00	\$ 487.50
**Boat Dealers	** \$ 10.00	\$ 50.00	\$ 60.00
Transporters	\$ 37.50	\$ 450.00	\$ 487.50
ATV Dealers	None	\$ 50.00	\$ 50.00

If applying for more than one business type, only pay highest application fee plus two-year registration/license fee for each business type.

****Boat Dealer** application fee is always required, plus the highest application fee for any other business type if applying for more than one.

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 plates 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 plates 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 _____.
- 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 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 statement with your application that explains, in detail, why you need transporter plates. Number of transporter plates requested _____.
- ATV Dealer** – engaged in buying, selling or trading ATVs.

2. **All Motor Vehicle Dealers** are required to have in place a surety bond, in the appropriate amount, as follows:

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

\$25,000 – Retail or Wholesale Motor Vehicle Dealer (other than New) that sold more than 200 vehicles during the last calendar year.

\$10,000 – Retail or Wholesale Motor Vehicle Dealer (other than New) that sold 200 or fewer vehicles during the last calendar year.

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 original form, 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.

SECTION D 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)

FEES Application Fee: None Two-Year Registration Fee \$100 Total \$100

If applying for more than one business type, only pay highest application fee plus two-year registration/license 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. If you are applying for a Vehicle Dismantler or Salvage Pool registration, you 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: **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: www.epa.gov/ozone/title6/609/technicians/appequip.html.

SECTION E CERTIFIED YACHT BROKERS AND JUNK AND SALVAGE CERTIFIED BUSINESSES

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

FEES Application Fee: None Business Fee: None

1. Check the type(s) of business(es) for which you are requesting certification:
 - Yacht Broker** – acts as an agent for either the buyer or the seller of a boat.
 - Scrap Processor** – purchases motor vehicles or parts for processing into metallic and non-metallic scrap.
 - 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 he/she has his/her principal place of business or engages in such business.

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

PART 8 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), AS AUTHORIZED BY REGULATIONS ESTABLISHED BY THE COMMISSIONER OF MOTOR VEHICLES. The person signing this application states that he or she is owner, partner, officer or managing member of the facility named on this application, is not a franchisor as referred to in Vehicle and Traffic Law §415(7)(f), and that all information provided in this application is true.

Name of Applicant (Please PRINT First, M.I., Last)		Business e-mail address	Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street)		City	State ZIP
Please Sign Name In Full		Title	Date (Month/Day/Year)

Please check the Requirement Checklist. You must meet all requirements to be approved.

- Have you completed ALL SECTIONS that apply to your business?
- Have you signed the application?
- Have you included your check (NO STARTER CHECKS) or money order for the application and registration/licensing fees?

Make Payable to: Commissioner of Motor Vehicles

Return the completed application by mail to:

**Bureau of Consumer and Facility Services
Application Unit
PO Box 2700
Albany NY 12220-0700**

OR

Physical address for express mail:

**Vehicle Safety Services
Application Unit
6 Empire State Plaza, Room 220
Albany NY 12228-0001**

