



ALABAMA DEPARTMENT OF REVENUE
 MOTOR VEHICLE DIVISION
 P. O. Box 327640 • Montgomery, AL 36132-7640
 titles@revenue.alabama.gov

MVT 4-2
 Rev. 12/11

Non-Dealer Application For Designated Agent

Sections 32-8-34 and 32-20-22, Code of Alabama 1975 Amended

COMPANY NAME: _____ TELEPHONE: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different from above): _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

Qualifier (qualifiers 3, 4, and 5 may only process title applications and cancellations for manufactured homes):

- 1) **Alabama Financial Institution**
 Attach a copy of your company's Title 5, Chapter 19, State Banking License, credit union charter or section 83 occupational license (obtained from your county license issuing official).
- 2) **Alabama Pawnshop**
 Attach a copy of your Alabama Pawnshop License.
- 3) **Out of State Financial Institution – Manufactured Homes Only**
 Attach a copy of your company's State business or regulatory license.
- 4) **Law Firm – Manufactured Homes Only**
 Attach evidence that a principal of the firm is admitted to a State Bar.
- 5) **Title Agent – Manufactured Homes Only**
 Attach a copy of your certificate of authority issued by the Alabama Department of Insurance.

PRINCIPAL NAME(S)	TITLE	HOME ADDRESS	HOME TELEPHONE
1			
2			
3			
4			

A Corporate Surety Bond in the amount of **\$10,000.00**, payable to the State of Alabama, is required to qualify as a Designated Agent.
NOTE: This is a different bond from the Automobile Dealer License Bond.
 (The surety bond is required to be on Department form MVT 4-5.)

The undersigned states under the penalties of perjury that all information contained in this application is true and correct to the best of his/her knowledge and belief:

BY: _____
 SIGNATURE AND TITLE

NOTE: A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH BRANCH OR LOCATION AND A SEPARATE ACCOUNT NUMBER WILL BE ISSUED. YOU MAY DUPLICATE THIS FORM OR REQUEST ADDITIONAL FORMS FROM THIS DEPARTMENT.

SPACE BELOW FOR DEPARTMENT USE ONLY

Approved this _____ day of _____, _____
 COMMISSIONER OF REVENUE

Designated Agent Number _____