



**MOTOR VEHICLE DEALER LICENSE APPLICATION  
FOR INITIAL LICENSE OR RENEWAL**

FOR LICENSE YEAR ENDING \_\_\_\_\_

OFFICE USE ONLY	
P.C.T. & O. FEE	SLS FEE
AMT. OF CHECK	TOTAL FEE
OVERPAY	CHECK NO.
RETURN OVERPAY FOR APPROVAL	ASMT. FEE
CLERK'S INITIALS	

ARE YOU CURRENTLY LICENSED BY THE MOTOR VEHICLE DEALER BOARD:

YES  NO IF YES, PLEASE INDICATE DEALER NUMBER \_\_\_\_\_

<p><b>1. If you are a Motor Vehicle Dealer, please indicate which of the following applies. (Check only one.) See letter for additional information.</b></p> <p><input type="checkbox"/> F - \$250/Fund  <input type="checkbox"/> K - \$100,000 Bond (submit copy)  <input type="checkbox"/> M - Million-Dollar Bond Umbrella Bond ((submit proof of Umbrella Bond)</p>	<p><b>2. TYPE OF APPLICATION</b>  <i>Important note: if this is an initial or change in location application, Virginia dealer must submit proof of local zoning ordinance approval with this application.</i></p> <p><input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION  <input type="checkbox"/> CHANGE (EXPLAIN) _____</p> <hr/> <p>Authorized Changes: address change, name change, add/delete manufacturer or distributor, ownership change, and relocation.</p> <p><b>3. TYPE OF MOTOR VEHICLE DEALER LICENSE(S)</b> Check all that apply:</p> <p><input type="checkbox"/> FRANCHISED <input type="checkbox"/> INDEPENDENT MOTORCYCLE  <input type="checkbox"/> FRANCHISED MOTORCYCLE <input type="checkbox"/> INDEPENDENT MOTOR HOME  <input type="checkbox"/> FRANCHISED MOTOR HOME <input type="checkbox"/> INDEPENDENT TRAILER  <input type="checkbox"/> FRANCHISED TRAILER <input type="checkbox"/> WHOLESALE AUCTION (Licensed Auction ONLY)  <input type="checkbox"/> PROGRAM DEALER <input type="checkbox"/> RETAIL AUCTIONS  <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> FACTORY/DIST. BRANCH</p>
<p><b>4. NAME OF BUSINESS</b> TRADING AS NAME BUSINESS HOURS (LIST AS POSTED)</p> <p>BUSINESS ADDRESS: STREET (P.O. BOX ONLY IS NOT ACCEPTABLE) CITY ZIP CODE</p> <p><input type="checkbox"/> COUNTY OR <input type="checkbox"/> CITY JURISDICTION OF BUSINESS DEALER-OPERATOR (PERSON OPERATING BUSINESS)</p> <p>DEALER'S SOCIAL SECURITY OR EMPLOYER I.D. NUMBER DEALER'S BUSINESS PHONE DEALER-OPERATOR HOME PHONE</p> <p>DEALER'S E-MAIL/WEBSITE ADDRESS</p>	

**PRIVACY STATEMENT**

In accordance with Sections 2.2-803 & 2.2-4807 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

<p><b>5. TYPE OF OWNERSHIP. CHECK ONE:</b>  <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION</p>	<p>STATE IN WHICH INCORPORATED</p>
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**6. Give the name, title and residential address of each owner, partner and/or officer of this business. Use additional sheet(s), if necessary, and attach.**

NAME	TITLE	ADDRESS
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**FRANCHISED DEALER – DISTRIBUTORS – MANUFACTURERS – and FACTORY BRANCHES:** Read instructions below and complete Sections 7 and 8. **ALL OTHER APPLICANTS:** Go to SECTION 8.

**7. FRANCHISED DEALERS and DISTRIBUTORS.** List the manufacturer(s) and/or distributor(s) with whom you have a franchise or sales agreement. **FRANCHISED DEALER.** Attach a copy of the Franchise and service agreement with manufacturer or distributor if this is an initial application. **MANUFACTURER, DISTRIBUTOR and FACTORY BRANCH.** Only list line-makes of vehicles to be sold in this state. **DO NOT** list models as line-makes. Use additional sheet(s), if necessary, and attach.

MANUFACTURER/DISTRIBUTOR	ADDRESS	LINE-MAKES
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**8. FRANCHISED DEALERS ONLY.** List name and address of individual awarded franchise(s) or sales agreement(s). Use additional sheet(s), if necessary, and attach.

NAME			
ADDRESS	CITY	STATE	ZIP CODE

**9. Read each question below and check the appropriate response**

	YES	NO
<b>A.</b> Has any owner, partner, officer or Dealer-Operator of business ever been refused a Motor Vehicle Dealer's License or Certificate of Registration or has his/her license or certificate suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b> Has any owner, partner, officer or Dealer-Operator of business ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b> Has any owner, partner, officer or Dealer-Operator of business ever been convicted of any fraudulent or criminal act in connection with the business of selling motor vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b> Has any owner, partner, officer or Dealer-Operator of business ever been convicted of larceny of a vehicle OR receipt or sale of a stolen vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
<b>E.</b> Has any owner, partner, or officer or Dealer-Operator of business ever been convicted of odometer tampering or any related violation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>F.</b> Has any owner, partner, director, officer or Dealer-Operator committed any act or omitted any duty, with the result being administrative action taken by the Board or DMV?	<input type="checkbox"/>	<input type="checkbox"/>
<b>G.</b> If the answer to any of the <u>above</u> questions is YES, please explain on a separate sheet (include names, dates, court jurisdictions and result of administrative proceedings).		
<b>H.</b> Are all of your licensed salesperson employees of the dealership and <b>not</b> independent contractors?	<input type="checkbox"/>	<input type="checkbox"/>

**10. CERTIFICATION.** Read and certify by signing below.

*I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 5 Misdemeanor.*

\_\_\_\_\_  
NAME OF BUSINESS

\_\_\_\_\_  
SIGNATURE OF OWNER, PARTNER, OR OFFICER OF THE BUSINESS

EXECUTED AND SIGNED IN THE  COUNTY  CITY OF \_\_\_\_\_  
COUNTY OR CITY

IN THE STATE OF \_\_\_\_\_ ON THIS DATE \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR  
STATE MONTH DAY YEAR

**11. DEALER RENEWALS ONLY:**

**PROCESSING FEE** – List the amount charged by the dealer for any item designated as “processing fee” on the buyers order form \$ \_\_\_\_\_. If a processing fee is not charged, enter “none”.

The number of license plates authorized by the enclosed DLD-9 is based on the total number of retail sales to Virginia residents. You are authorized to obtain a total number of dealer license plates based on total sales. If you require additional license plates and have proof of other sales, please indicate the volume below:

Retail sales (out-of-state) \_\_\_\_\_ Wholesale sales \_\_\_\_\_

Please complete and certify the attached DLD-21 to identify the additional vehicles sold at wholesale or to out-of-state residents. You may use alternative automated reporting if the required information is included. Return with this application.

**REMINDER:** Please include all required supporting documents and proper fees.