



**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"/> <b>Repair Shop</b> (Section A)	<input type="checkbox"/> <b>Fleet Inspection Station</b> (Section B)	<input type="checkbox"/> <b>Boat Dealer</b> (Section C)	<input type="checkbox"/> <b>Vehicle Dismantler</b> (Section D)
<input type="checkbox"/> <b>Body Repair Shop</b> (Section A)	<input type="checkbox"/> <b>Retail Motor Vehicle Dealer, New*</b> Franchised passenger cars and light trucks. (Section C)	<input type="checkbox"/> <b>Yacht Broker</b> (Section E)	<input type="checkbox"/> <b>Salvage Pool</b> (Section D)
<input type="checkbox"/> <b>Mobile Repair Shop</b> (Section A)	<input type="checkbox"/> <b>Retail Motor Vehicle Dealer, Other*</b> All motorcycles, trailers, used cars, RV's, heavy trucks, etc. (Section C)	<input type="checkbox"/> <b>Transporter</b> (Section C)	<input type="checkbox"/> <b>Scrap Processor</b> (Section E)
<input type="checkbox"/> <b>Drive-In Appraisal</b> (Section A)	<input type="checkbox"/> <b>Wholesale Motor Vehicle Dealer*</b> (Section C)	<input type="checkbox"/> <b>ATV Dealer Only**</b> (Section C)	<input type="checkbox"/> <b>Scrap Collector</b> (Section E)
<input type="checkbox"/> <b>Public Inspection Station</b> (Section B)		<input type="checkbox"/> <b>Itinerant Vehicle Collector</b> (Section D)	<input type="checkbox"/> <b>Out of State Junk/Salvage</b> (Section E)
<input type="checkbox"/> <b>Dealer Inspection Station</b> (Section B)		<input type="checkbox"/> <b>Mobile Car Crusher</b> (Section D)	

\* §415(7)(f) of the NYS Vehicle & Traffic Law prohibits the issuance of a dealer registration to franchisors as defined in Vehicle & 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.state.ny.us

**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.state.ny.us  
**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.state.ny.us

**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. – 3:30 p.m. Forms are available at [www.nysdmv.com](http://www.nysdmv.com)



**PART 3 Print name and location of business below:**

Business Name			
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 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 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 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

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

**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 with 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 Vehicle Safety business license, registration or certification?  NO  YES  
 If "YES": Specify name and address of the person(s), business type, date and action taken against the business.

**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 the 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.state.ny.us 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. **NYS Insurance Fund www.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.  
 Retail Motor Vehicle Dealer, New     Dismantler     ATV Dealer     Inspection Station     Scrap Collector  
 Retail Motor Vehicle Dealer, Other     Transporter     Salvage Pool     Qualified Dealer     Scrap Processor  
 Wholesale Motor Vehicle Dealer     Boat Dealer     Repair Shop     Mobile Car Crusher  
 Itinerant Vehicle Collector     Yacht Broker     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 business use? <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 application 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 & 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 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 & Traffic Law. For information about approved equipment: [www.epa.gov/ozone/title6/609/technicians/appequip.html](http://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 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, 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** Proof that a registered repair shop is or was operating at that location. Provide the previous facility number or business name:  
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 & 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 Registration Fee): \$125  
**If applying for more than one business type only pay highest application fee plus two-year 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. Public stations licensed outside the NYMA must have a NYVIP emissions system. Public stations in the NYMA must have both a NYTEST emissions system and a NYVIP emissions system. For information on purchasing inspection equipment, call 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 with a MGW over 10,000 pounds, up to and including 18,000 pounds MGW, when requested by the registrant
  - All motor vehicles with a seating capacity of more than fifteen passengers, plus a driver
  - All trailers over 18,000 pounds MGW and those trailers with a MGW over 10,000 pounds, up to and including 18,000 pounds MGW, when requested by the registrant
  - b. • All semi-trailers
- Group 3**  Motorcycles
- Group D**  High-Enhanced emissions testing for all non-exempt vehicles registered in the New York Metropolitan Area (NYMA) **using a dynamometer.**
- Group I (Fleets Only)**  High-Enhanced emissions testing for vehicles registered in the NYMA **that are exempt from testing with a dynamometer.**
- Group DL**  Diesel Emissions testing

3. If you will perform emissions inspections (Enhanced or Diesel emissions testing), 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 & Traffic Law Sections 415, 417, 2257, 2282; Commissioner's Regulations Part 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 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, RV's, heavy trucks, etc.)** – Engaged in retail or 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 & 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 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, 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 (**visit [www.nyc.gov](http://www.nyc.gov) , call 311 within NYC, or call (212) 639-9675 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 398-c of the New York State Vehicle & Traffic Law. For information about approved equipment: [www.epa.gov/ozone/title6/609/technicians/appequip.html](http://www.epa.gov/ozone/title6/609/technicians/appequip.html).

**SECTION E CERTIFIED YACHT BROKERS AND JUNK AND SALVAGE CERTIFIED BUSINESSES**

(Authority: Vehicle & 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 a 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 & Traffic Law §415(7)(f), and that all information provided in this application is true.**

Name of Applicant (Please PRINT First, M.I., Last)		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 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 - Core 1, Room 110  
 Department of Motor Vehicles  
 6 Empire State Plaza  
 Albany NY 12228**

