



INSTRUCTIONS Use this form to tell DMV about an amendment or to request a duplicate Business Certificate (you must fill out an original application if you are acquiring a business). There is no fee for amendments or duplicate certificates. **If you are making a change, please call (518) 474-0919 for information about required documentation.** Failure to provide all documentation will delay processing of your request.

DUPLICATE CERTIFICATE CUSTOMERS: Complete items 1, 2, 3, 9 and 10 and the "Certification" section at the bottom of page 2.

AMENDMENT CUSTOMERS: Complete items 1, 2, 3, 9 and 10 and the "Certification" section at the bottom of page 2. Also, complete items 4 - 8 only if they apply to the change you are making.

DOCUMENTATION REQUIREMENTS FOR AMENDMENT CUSTOMERS ONLY

DISMANTLERS: All dismantlers must provide a letter of zoning approval with this request. New York City Only - all "Secondhand Dealer - General", and "Secondhand Dealer - Auto", amendment requests **MUST INCLUDE** a Fire Department permit and an NYC Department of Consumer Affairs License.

CUSTOMERS MAKING LOCATION CHANGES: If you are changing location, complete form VS-19 ("Statement of Ownership and/or Permission to Use Place of Business") and submit it with this request. **Repair shops** must also provide a Certificate of Occupancy, local license or town letter as proof of zoning approval. If the **new** location was previously registered as a repair shop, please tell us the facility number or facility name of that shop. This can be used as proof of zoning.

DEALERS: All dealers (excluding those who are exempt under the law) are required to have a bond. If you are a dealer requesting an amendment, please call (518) 474-0919 to determine if you have to provide a revised bond with your request. If you are a franchised dealer requesting an address change, you must provide franchise papers showing the new address.

RETURN THIS COMPLETED REQUEST, AND ANY REQUIRED DOCUMENTATION, TO: Bureau of Consumer and Facility Services, Application Unit
PO Box 2700, Albany NY 12220-0700

1.	Requested change: <input type="checkbox"/> Amendment <input type="checkbox"/> Duplicate Reason: _____				
2.	Present Facility Number	Present Facility Name Facility Phone Number			
3.	Business(es) requesting amendment/duplicate certificate(s) — check all that apply:				
	<input type="checkbox"/> Repair Shop	<input type="checkbox"/> Dealer	<input type="checkbox"/> Dismantler	<input type="checkbox"/> Itin. Veh. Collector	<input type="checkbox"/> Salvage Pool
	<input type="checkbox"/> Inspection Station	<input type="checkbox"/> Boat Dealer	<input type="checkbox"/> Scrap Collector	<input type="checkbox"/> Scrap Processor	<input type="checkbox"/> Transporter
4.	Business name change to: _____				
5.	Business address change:	New Address Number and Street	County	Old Address Number and Street	County
	City	State	Zip Code	City	State
6.	Inspection Stations or Dealers				
a)	Change in business type (for example, Fleet to Public, Wholesale to Retail, etc.): To: _____ From: _____				
b)	Change in groups approved for inspection (check the box(es) for the group(s) you want to inspect):				
	GROUP	VEHICLE GROUPS (Weights shown are maximum gross weights)			
	<input type="checkbox"/> 1a	All motor vehicles that have a seating capacity under fifteen passengers, and all motor vehicles (except trailers and motorcycles) that have an MGW under 18,001 pounds.			
	<input type="checkbox"/> 1b	All trailers, except semi-trailers, that have an MGW under 18,001 pounds.			
	<input type="checkbox"/> 2a	All motor vehicles that have a seating capacity over fourteen passengers, and all motor vehicles and trailers that have an MGW over 18,000 pounds.			
	<input type="checkbox"/> 2b	All semi-trailers.			
	<input type="checkbox"/> 3	All motorcycles.			
	<input type="checkbox"/> DL	Diesel Emissions Testing for all non-exempt vehicles registered in the New York Metropolitan Area.			
c)	If you will perform diesel emissions inspections, print the manufacturer's name and the model number of the testing equipment here. This information is required in order to process your request.				
	<i>Manufacturer's Name</i>			<i>Model Number</i>	
d)	Please provide the name(s) and certification number(s), including expiration date, of your Certified Inspector(s). Use additional sheet(s) if necessary. This information is required in order to process your request.				
	<i>Name</i>		<i>Certification Number</i>	<i>Expiration Date</i>	
	_____ _____ _____		_____ _____	_____ _____	

Present Facility Number

7. Deletions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necessary.				
(a) Name (First, MI, Last)		Date of Birth	Title	
Please Sign Name in Full X		Driver License Identification Number		
Residence Address		Apt. No.	Residence Phone	
(b) Name (First, MI, Last)		Date of Birth	Title	
Please Sign Name in Full X		Driver License Identification Number		
Residence Address		Apt. No.	Residence Phone	
(c) Name (First, MI, Last)		Date of Birth	Title	
Please Sign Name in Full X		Driver License Identification Number		
Residence Address		Apt. No.	Residence Phone	
8. Additions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necessary.				
(a) Name (First, MI, Last)		Date of Birth	Title	
Please Sign Name in Full X		Driver License Identification Number		
Residence Address		Apt. No.	Residence Phone	
(b) Name (First, MI, Last)		Date of Birth	Title	
Please Sign Name in Full X		Driver License Identification Number		
Residence Address		Apt. No.	Residence Phone	
(c) Name (First, MI, Last)		Date of Birth	Title	
Please Sign Name in Full X		Driver License Identification Number		
Residence Address		Apt. No.	Residence Phone	
9. a) Have you, or any person named in this application, or any immediate family member of those named in this application ever had a financial interest in a government-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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
b) Are you, or anyone named in this application, or any immediate family member of those named in this application scheduled for a hearing or been notified of a pending hearing regarding a DMV Vehicle Safety-issued business license, registration or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No				
c) If (a) or (b) is "YES", specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.				
10. Has the owner, any member of the partnership, interested party, officer or director of the corporation been convicted of, or forfeited bail for, any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", give the following information:				
Name		Date of Birth 	Conviction Date 	Penalty
Court		Nature of Offense		

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. I further certify that: None of the financially interested parties of the facility who are named or unnamed in this application are a franchisor, manufacturer, distributor, distributor branch or factory branch as defined in section §462 of the New York State Vehicle and Traffic Law, and neither they nor the facility are a subsidiary, affiliate, or controlled entity thereof; the facility applying for registration is, and will remain, in compliance with all state and local laws and regulations, and it will enroll in and use the VERIFI program if registered as a motor vehicle dealership; and all information provided in this application is true. I understand that making a false statement on this application or submitting any documentation in support of this application that is false may be punishable as a criminal offense.

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)	

reset/clear

