



FOR ASSISTANCE WITH THE COMPLETION OF THIS APPLICATION OR INFORMATION ON BUSINESS REQUIREMENTS PLEASE VISIT DMV.NY.GOV

DMV USE ONLY
Tracking # County Zip Code
Facility # Facility Name

ALL APPLICANTS: PLEASE READ CAREFULLY

These are the business types that you applied for. Complete all 7 pages of this form.

- Dealer/Transporter (checked)
Repair Shop (checked)
Inspection Station (checked)

NOTE: If you apply for a Junk & Salvage business you must submit form VS-1JS.

PART 1 Print name and location of business, business e-mail address and phone number below:

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

CONTACT: This information will be used for contact and correspondence while processing this application ONLY!

Contact Person (principal of business) Title Contact's E-mail Address
Mailing Address Contact Phone No. (Area Code)
City State ZIP County

PART 2 Ownership - you may only select one of the following four business types (Part 2 continues on next page)

- Individual (complete Section A)
Partnership (complete Section B)
Corporation/LLC (complete Section C)
Government/Education (complete Section D)

- INDIVIDUAL (doing business in your legal name) OR INDIVIDUAL WITH ASSUMED NAME
Attach a copy (front & back) of the owner's valid driver license. If the owner does not have a driver license, attach a copy of one of the following: non-driver ID card, passport or resident alien card.

SECTION A

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 License/Non Driver ID Number

- PARTNERSHIP WITH 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.
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 card, passport or resident alien card.

SECTION B

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 License 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 License 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 License Number



PART 2 (Ownership) CONTINUED FROM PAGE 1

 CORPORATION (Inc., Corp., Ltd.)

➤ Enclose a copy of the filing receipt issued from the NYS Department of State: **(518) 473-2492 or dos.ny.gov**

 CORPORATION WITH 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 dos.ny.gov

Corporation Name _____

 LIMITED LIABILITY COMPANY (LLC)

For Inc., Corp., and Ltd., list corporate officers. **President, Secretary and Treasurer are required** (one person may be President, Secretary, and/or Treasurer). 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 card, passport or resident alien card. (Must include documents to show company is publicly-traded.)

SECTION C	1. Last Name		First	MI	Date of Birth (Month/Day/Year)		
	Title (check all that apply) <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other _____						Percentage of Stock
	Residence Address (Include Number and Street)			City	State	ZIP	Residence Phone No. (Area Code) ()
	Please Sign Name In Full X					Driver License Number	
	2. Last Name		First	MI	Date of Birth (Month/Day/Year)		
	Title (check all that apply) <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other _____						Percentage of Stock
	Residence Address (Include Number and Street)			City	State	ZIP	Residence Phone No. (Area Code) ()
	Please Sign Name In Full X					Driver License Number	
	3. Last Name		First	MI	Date of Birth (Month/Day/Year)		
	Title (check all that apply) <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other _____						Percentage of Stock
Residence Address (Include Number and Street)			City	State	ZIP	Residence Phone No. (Area Code) ()	
Please Sign Name In Full X					Driver License Number		

 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.) _____

Please enter information of supervising employee of facility who may be contacted regarding compliance issues.

SECTION D	1. Last Name		First	MI	Date of Birth (Month/Day/Year)		
	Contact Address (Include Number and Street)			City	State	ZIP	Contact Phone No. (Area Code) ()
	Email						
	Please Sign Name In Full X					Driver License Number	

FAILING TO ANSWER THE QUESTIONS IN THIS SECTION ACCURATELY MAY RESULT IN THE DENIAL OF YOUR APPLICATION!**PART 3 Complete all sections.**

A. Have you, or anyone named in Part 2, or any immediate family member of those named in this application ever held a business license, registration or certification for any of the types below? No Yes If "YES" Check the type(s) below and provide all current and previous facility/certified inspector 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"/> Certified Inspector |
| <input type="checkbox"/> Itinerant Vehicle Collector | <input type="checkbox"/> Yacht Broker | <input type="checkbox"/> Repair Shop disposing of major component scrap | | |

Current facility/certified inspector numbers: _____

Previous facility/certified inspector numbers: _____

B. 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. No Yes
If "YES": Specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.

C. 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? No Yes
If "YES": Specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.

D. Have you, or any person named in this application, or any immediate family member of those 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 specific nature of offense _____

If you have additional offenses they must be reported on an *Ⓜ* attached sheet.

E. Does anyone else have a financial interest in your business that is not disclosed on this application? No Yes

If "YES": Name _____

F. All applicants, except Inspection Stations and Transporters, must provide a copy of NYS Department of Taxation and Finance DTF-17A (Certificate of Authority) or your valid NYS issued tax ID number here: _____ **tax.ny.gov or (518) 485-2889**

*Verify your ID is valid at <https://www7b.nystax.gov/TIVL/tivlStart> before submitting.

G. You must provide your Federal Employer Identification Number: _____. Do you have employees as defined by Worker's Compensation (see wcb.ny.gov)? No Yes If "YES", *Ⓜ* attach a copy of Worker's Compensation and Disability Insurance coverage.

PART 4

Place of business: **Own (complete Section A) *Ⓜ* Attach copy of tax bill or deed.**

Do you

The name on the tax bill or deed must match the Business Name in Part 1.

Lease (complete Sections A and B) *Ⓜ* Attach copy of your lease

The name on the tax bill or deed does not match the Business Name listed in Part 1

Sublease (complete Sections A, B and C) *Ⓜ* Attach copy of your sublease

Pending/Lease (complete Sections A and B) *Ⓜ* Attach notarized statement from property owner*

Pending/sublease (complete Sections A and B) *Ⓜ* Attach notarized statement from property owner*

* Notarized statement from the property owner stating you will have permission to use location to operate your business (i.e. dealers can sell motor vehicles) upon application approval, describing exactly which portions of the building your business will occupy.

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 all of the business type(s) you are applying for? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PLEASE NOTE: 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 the required 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 / /	


Complete #1. Read #2 and #3
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 demonstration plates requested _____. Number of MV-50 books 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 demonstration plates requested _____. Number of MV-50 books 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 _____. Number of MV-50 books 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 demonstration 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 written statement with your application that explains, in detail, your business need for transporter plates.
 Number of transporter plates requested _____.
- ATV Dealer** – engaged in buying, selling or trading ATVs.
- Yacht Broker** – acts as an agent for either the buyer or the seller of a boat.

2. All Motor Vehicle Dealers are required to have in place (and filed with NYS DMV) a surety bond, in the appropriate amount, as follows:

\$20,000 – Retail or Wholesale Motor Vehicle Dealer (other than New) that sold 50 or fewer vehicles during the previous calendar year.

\$100,000 – Retail or Wholesale Motor Vehicle Dealer (other than New) that sold more than 50 vehicles during the previous calendar year.

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

Dealers selling only trailers, motorcycles, vehicles over 10,000 pounds, ATVs, boats, snowmobiles, and limited use vehicles are exempt from the bond requirements. Please provide a written and signed statement indicating which vehicle group(s) you intend to exclusively buy, sell, or deal.

📎 **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 form (copies accepted), 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.**

3. All Motor Vehicle Dealers must enroll in and use the VERIFI electronic book of registry system. For more information visit www.VERIFINY.com

**ALL DEALER REGISTRATIONS (MOTOR VEHICLE, BOAT, TRANSPORTER, AND ATV)
see VS-142, Dealer/Transporter Requirements.**



Department of Motor Vehicles

REPAIR SHOP INFORMATION

Complete this section:

1. Check one Repair Shop type: Repair Shop Body Repair Shop (over 50% 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 copy of Manufacturer's Certificate or a copy of 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 visit: epa.gov/ozone/title6/609/technicians/appequip.html

3. Repair Shop that disposes vehicular scrap. No Yes

If "Yes", you are certifying as a repair shop that disposes major component parts (including transmissions, engines, noses, frames or bodies). Identify the scrap processors with which you will do business:

Name	Address	Facility Number
_____	_____	_____

Name	Address	Facility Number
_____	_____	_____

Name	Address	Facility Number
_____	_____	_____

4. **Zoning Approval:** 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 who prepares 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 _____

REPAIR SHOP REGISTRATION – see VS-145, Repair Shop Requirements.


*****IMPORTANT NOTICE FOR PUBLIC EMISSIONS INSPECTION STATION LICENSE APPLICANTS*****

The number of public official emissions inspection stations allowed in each county of the State is capped. Before you submit your application, check to see if the county you are applying in is at its maximum number. If this county is at its maximum you can:

- Purchase an existing facility and attach form VS-95.
- Reserve a spot on the waitlist with form VS-94 (no need to submit an Original Facility Application at this time).

More information can be found at dmv.ny.gov/node/1906. If you have questions about the Inspection Station Cap, call the DMV Vehicle Safety Application Unit at 518-474-0919.

Complete this section:

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. *Please be sure to read the important notice above.*
- 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 OPUS (Systech) at 1-866-623-8378.
- 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

INSPECTION STATION LICENSE – see VS-143, Inspection Station Requirements.

Your Original Facility Application is nearly complete.

REMEMBER TO INCLUDE THE FEES ASSOCIATED WITH THIS APPLICATION!

When you submit this application, you must submit a check or money order made payable to the Commissioner of Motor Vehicles.

Application and Business Fees: \$737.50

NOTE: If you are applying to be a Boat Dealer, Yacht Broker or ATV Dealer, the above fee may not be correct. Please contact Vehicle Safety at (518) 474-0919 for the correct fee for your application.

CERTIFICATION

(all applicants must complete this section)

ALSO 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: The facility applying for registration as a motor vehicle dealership is not a franchisor, manufacturer, distributor, distributor branch or factory branch as defined in section §462 of the New York State Vehicle and Traffic Law, nor is the facility a subsidiary, affiliate, or controlled entity thereof; the facility applying for registration as a motor vehicle dealership 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)	

PLEASE REVIEW THE REQUIREMENT CHECKLIST(S). YOU MUST MEET ALL REQUIREMENTS TO BE APPROVED.

- ***Have you completed the entire application?***
- ***Have you signed the application?***
- ***Have you included your check or money order for the application and registration/licensing fees? (NO STARTER CHECKS ACCEPTED)***
- ***Make your check or money order payable to: Commissioner of Motor Vehicles***
- **Return this completed application along with all REQUIRED ATTACHMENTS by mail to:**

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

If you need assistance, call the Office of Vehicle Safety Application Unit at 518-474-0919.

Forms are available at dmv.ny.gov

THE FOLLOWING PAGE(S) ARE INFORMATIONAL

Please review these to ensure you are meeting all the requirements for your business type(s).

These pages do not need to be submitted with your application.



Information on Dealer/Transporter requirements can be found at dmv.ny.gov under "open a dealership" (dmv.ny.gov/dealers/open-dealership), in Part 78 of the DMV Commissioner's Regulations (dmv.ny.gov/forms/cr78.pdf), and in section 415 of the NYS Vehicle and Traffic Law.

YOU MUST COMPLETE ALL REQUIREMENTS. SEND YOUR DOCUMENTATION FOR REQUIREMENTS 1 THROUGH 10 TO THE ADDRESS SHOWN BELOW. REQUIREMENTS 11 THROUGH 15 MUST BE MET DURING THE INSPECTION OF YOUR SITE. IF YOU DO NOT COMPLETE ALL REQUIREMENTS, THE DMV WILL REJECT YOUR APPLICATION.

1. Complete and manually sign the Original Facility Application. We do not accept stamped or typed signatures.
2. Provide proof of business name: **Note - No dealer may use the word "Broker" in their business name unless they are also approved as an "Automobile Broker" or a "Yacht Broker". A retail dealer may not use the word "Wholesale" in their business name.**
- (a) **Owners of a Corporation or a Limited Liability Corporation (LLC):**
Submit a copy of your filing receipt from the New York Department of State's Division of Corporations. Also, write the percentage of stock ownership for each officer on your Original Facility Application. For more information, call the Department of State at (518) 473-2492 or visit dos.ny.gov.
- (b) **Owners in a Partnership or Individual Owners with an assumed business name:**
You must complete and notarize a "Business Certificate of Assumed Name," also known as a DBA, and then file this certificate with the County Clerk of the county where your business operates. Submit a copy of the filing receipt from the County Clerk with your application.
3. Submit a copy of the driver licenses or other government-issued identification for **all** owners and officers or members of the business.
4. Provide your business's New York State Tax Identification number on your Original Facility Application or submit a copy of your Sales Tax Certificate of Authority Form (DTF-17A). For more information, contact the New York State Department of Taxation and Finance at (518) 485-2889 or visit tax.ny.gov.
5. All dealers that sell passenger cars and light trucks must submit a sealed and signed Surety Bond (copies accepted) with power of attorney papers made out to your exact business name and address. Effective 4/08/2017, **All Motor Vehicle Dealers*** are required to have in place (and filed with NYS DMV) a surety bond in the appropriate amount as follows:
 \$20,000 - Retail or Wholesale Motor Vehicle Dealer (other than New) that sold 50 or fewer vehicles during the previous calendar year
 \$100,000 - Retail or Wholesale Motor Vehicle Dealer (other than New) that sold more than 50 vehicles during the previous calendar year
 \$50,000 - Retail Motor Vehicle Dealer, New (franchised passenger cars, SUVs, light trucks, etc.)
 * Dealers selling only trailers, motorcycles, vehicles over 10,000 pounds, ATVs, boats, snowmobiles, or limited use vehicles are exempt.
6. Transporters must submit a statement that explains why they need transporter plates.
7. Dealers that sell new motor vehicles must submit a franchise agreement or letter of intent from the manufacturer.
NOTE: Franchisors, manufacturers, distributors, distributor branches or factory branches must not use form VS-1D. New York State Vehicle and Traffic Law section §415-7(f) prohibits the issuance of any certificate of registration to any franchisor, manufacturer, distributor, distributor branch or factory branch as defined in New York State Vehicle and Traffic Law section §462 or any subsidiary, affiliate, or controlled entity thereof.
8. If you have employees as defined by Workers' Compensation (see wcb.ny.gov), please provide proof of Workers' Compensation and Disability Insurance Coverage.
9. You must pay the fees indicated on your application for your application to be processed. The fees must be paid using checks or money orders payable to **Commissioner of Motor Vehicles. Starter checks are not accepted.**
10. Submit a copy of the deed, mortgage or receipted tax bill if your business owns the property at the location of your business. If you rent at that location, provide the lease or rental agreement and copy of the deed, mortgage or tax bill from the property owner. If you sublease at that location, provide a copy of the lease and the sublease. If you have a pending lease, attach a notarized statement from the property owner that states you will have permission to use the location to sell motor vehicles upon issuance of a license, and that describes exactly which portions of the building your business will occupy.

**Once you have completed the requirements in numbers 1 through 10, send your documentation to:
 Vehicle Safety Services, Application Unit
 6 Empire State Plaza, Room 220, Albany, NY 12228-0001**

NOTE: The items described in numbers 11-15 must be available to the Automotive Facilities Inspector at the time of inspection.

11. Dealer book of registry (this requirement is met when you enroll in VERIFI); bills of sale that comply with Commissioner's Regulations 78.13; proofs of ownership (titles) for vehicles in stock; warranty forms, odometer statements; a method to lock security items, such as a cabinet or safe that locks. New motor vehicle and qualified dealers must stock at least 10 catalytic converter etching kits.
12. The place of business must have heat, electricity, a phone (cell phones are acceptable) and a desk. Applicants must have a separate and exclusive mailing address, verified by the United States Postal Service, and exclusive use of their mail receptacle.
13. All retail dealers must have space for the display of at least three vehicles at all times. Transporters and wholesale dealers are exempt from this requirement.
14. Permanently mounted signs as per Commissioner's Regulations 78.26.
15. If there are other businesses at the same location, you need a permanent physical barrier (non-movable wall, fence, landscaping) to separate the display areas, signs, and offices of the different businesses.

DEALER SUPPLY LIST

Your application will not be approved unless the items listed below are available for the Automotive Facilities Inspector, who will visit your facility. If your facility is approved as a dealership, you must sign a VERIFI Facility Participation Agreement.

Ensure that the following items are available for the Automotive Facilities Inspector:

1. Book of Registry (this requirement is met when you enroll in VERIFI)
2. Bills of Sale
3. Odometer Statements (does not apply to ATV or boat dealers)
4. Warranty Forms (does not apply to ATV or boat dealers)

You can purchase those items through the following vendors*:

- Automotive Dealer Supplies (518) 463-0084 ext. 2 www.automotivedealersupplies.com
- Fairmount Press (212) 255-2300
- SNYADS Services (518) 463-1148 snyads-services.myshopify.com
- NFADA Wholesale Distributors (716) 631-8510 www.nfadawd.com
- National Coatings (585) 445-7200
- Klute Automotive Dealer Supply [Ryan Klute - Owner] (716) 668-0390 www.kluteads.com
- Genesys Systems 888-548-4000 www.policebook.com/nypb/
- SPS Dealer Source (315) 431-0080 email: shop@spsdealersource.com
- Reynolds & Reynolds 800-344-0996 www.reyrey.com/document-services

* DMV does not endorse these companies or otherwise represent that DMV has any association with, or oversight of, these companies. All forms and items should be checked prior to use to ensure compliance with all applicable NYS DMV statutes and regulations.

Lemon Law contracts and Used Vehicle Buyer's Guides are also available from the vendors shown above.





Information about inspection station requirements may be found at dmv.ny.gov under “open an inspection station” (dmv.ny.gov/inspection/open-inspection-station), in Part 79 of the DMV Commissioner’s Regulations, and Section 303 of the Vehicle and Traffic Law.

All requirements listed below must be met or your application WILL be denied.

1. Proof of business name:
- (a) Corporation or LLC:
Filing Receipt from NYS Department of State; percentage of stock ownership for each officer.
- Forms can be obtained through the NYS Department of State, Division of Corporations at 518-473-2492 or at dos.ny.gov.
- (b) Partnership or individual using an assumed name:
You must complete, notarize, and file a “Business Certificate of Assumed Name” (also known as a DBA) with the county clerk where the business is located.
2. Copies of driver licenses or government-issued ID for **all** owners and officers or members.
3. Pay the fees indicated on your application. Attach a check or money order payable to: **Commissioner of Motor Vehicles**. **Starter checks are not accepted.**
4. Complete and sign the *Original Facility Application*. **Stamped signatures are not accepted.**
5. If you have employees as defined by Worker’s Compensation (see wcb.ny.gov), provide proof of Worker’s Compensation and Disability Insurance coverage.
6. **Must** have a repair shop registration at the same location for a public inspection station.
7. **Must** have at least one full-time certified inspector for the groups of vehicles you are inspecting, and you must provide this individual’s name and certified inspector’s certificate number on the application.
8. Dealer inspection stations **must** have a dealer registration with the same name.
9. All private fleet inspection stations must have over 25 vehicles registered in their name, and all government fleet inspection stations **must** have over 5 vehicles registered in their name.
10. **Must** have required space as described in Commissioner’s Regulations Part 79.9.
11. Applicants **must** have a unique and exclusive mailing address, verifiable with USPS, and exclusive use of their mail receptacle.
12. **Must** have on-site safeguards for security documents.
13. Inspection station applicants will be interviewed by a DMV inspector (on-site inspection) before approval, to determine if all requirements are met. At that time the applicant **MUST**:
- (a) Have, or have proof that an order is placed with Opus Inspection Inc. for, the required NYVIP3 testing equipment that can perform all inspection group(s) applied for. For more information or to place an order visit the Opus Inspection Inc. website at nyvip3.com, you may also contact Opus Inspection Inc. by phone at 1-866-OBD-TEST (623-8378).
- (b) Have all necessary tools required by Commissioner’s Regulations Part 79.9(d) to perform inspections in the group(s) applied for.
- (c) Provide proof of internet access for transmission of all inspection data.
- (d) Have the labor rate sign, inspection fee chart(s), and list of inspectors posted (public inspection stations).
- (e) Have the appropriate outdoor sign(s) posted that correspond to the group(s) applied for, as described in Commissioner’s Regulations Part 79.13 (public inspection stations).
- (f) Provide at least one certified inspector’s ID that is certified to inspect all group(s) applied for. (This requirement can be met with more than one certified inspector if needed.)



Information on Repair Shop Requirements may be found at dmv.ny.gov under “open a repair or body shop” (dmv.ny.gov/repair/open-repair-body-shop), in the DMV Commissioner’s Regulations Part CR-82, and in Vehicle and Traffic Law 398-d.

All requirements listed below must be met or your application will be denied.

1. Proof of business name:
- (a) Corporation or LLC:
- Filing Receipt from NYS Department of State; Percentage of stock ownership for each officer.
- Forms can be obtained through the NYS Department of State, Division of Corporations at 518-473-2492 or at dos.ny.gov.
- (b) Partnership or Individual using an assumed name:
- You must complete, notarize, and file a “Business Certificate of Assumed Name” also known as a DBA with the county clerk where the business is located. You must also provide a phone bill with business name at the business address.
2. Copies of driver licenses or government-issued ID for **all** owners and officers or members.
3. A copy of your New York State Department of Taxation and Finance Certificate of Authority (DTF-17A) or a valid NYS tax ID number. For information, contact NYS Department of Taxation and Finance at 518-485-2889 or tax.ny.gov.
4. Attach the fees indicated on your application via check or money order payable to **Commissioner of Motor Vehicles. Starter checks are not accepted.**
5. Sign and complete the application. Stamped signatures are not accepted.
6. Provide your Federal Employer Identification Number. Do you have employees as defined by Worker’s Compensation (see web.ny.gov)? No Yes If “YES”, attach a copy of Worker’s Compensation and Disability Insurance coverage.
7. Proof of Zoning (under 10 years old), from the local municipality allowing an automotive repair business at your location.
8. Certificate of Occupancy is required for Queens, Kings, Richmond, Bronx, New York counties. Must state the exact location of the auto repair business.
9. A manufacturer’s certificate or invoice as proof of an approved motor vehicle refrigerant recycling or recapturing equipment as required by Section 398-c of NYS Vehicle & Traffic Law.
10. Applicants must have a unique and exclusive mailing address, verifiable with USPS, and exclusive use of their mail receptacle.
11. Provide a physical location for a mobile repair shop where the vehicle is parked at night.

