TYPE OF LICENSE APPLIED FOR		CENSE NUMBER	PLATE NO.	NO. OF PLATE SETS   TA	AX TOWN	TYPE
DMV New Used General Repairer Rep.	airer					
USE   Dealer	ST	'ATUS OF APPLICA'		AUTHORIZED SIGNATU	RE	
ONLY United Other (Explain)		Approved	Disapproved	X		
	PARTM DEALE	CATE OF CONNI ENT OF MO RS AND REPAIR	TOR VEHICLE	SS SAFETY DIV	<b>y</b>	
ALL INFORMATION MUST BE TYPEWRITTEN OR NEATLY P SECTION 1 - BUSINE		MANAGEM	ENT INFORMA	TION		
BUSINESS NAME				FEDERAL EMPLOYE (Social Security No.		
DOING BUSINESS AS (If a d/b/a is used)						
BUSINESS ADDRESS (No. and Street) (City o	or Town)		(State)		(Zip Code)	1
MAILING ADDRESS (if different) (City o	or Town)		(State)		(Zip Code)	
MANAGER, OPERATOR, CONTACT PERSON	BUSINESS T	ELEPHONE NUMBI	ER	E-Mail Address		
DEPARTMENT OF REVENUE SERVICES TAX IDENTIFICATION NUMBER	NAME AND	LICENSE NUMBER	OF COMPANY CONTRA	CTED TO REMOVE HAZA	ARDOUS WA	STE
OTHER LICENSES HELD (Leasing, Gasoline, etc. Description and License Number of ed	ach)					
FRANCHISES (New Car Dealers Only)				DMV USE ONLY - MA	NUFACTUR	ER LICENSE NO
SECTION 2A	A - PERS	ONNEL INF	ORMATION			
NAME OF PERSON DESIGNATED TO HANDLE DMV COMPLAINTS	NUMBER O	F ANTICIPATED EM	IPLOYEES			
		Sales	Office	Repairs		Helpers
NAME(S) OF SALES PERSONNEL WHO HAVE COMPLETED A DMV REGISTRY	PROCEDUR	E SEMINAR				
NAME(S) OF QUALIFIED REPAIR PERSON(S) TO PERFORM THE REPAIRS YO	OU WILL BE I	OOING				

# **SECTION 2B - PERSONNEL INFORMATION**

 ${\bf NAME(S)} \ \ {\bf OF} \ {\bf CERTIFIED} \ {\bf PERSONNEL} \ {\bf AND} \ {\bf COPIES} \ {\bf OF} \ {\bf ANY} \ {\bf CERTIFICATE} \ {\bf OR} \ {\bf CREDENTIALS} \ {\bf ISSUED} \ \ {\bf SHOWING} \ {\bf DATE} \ {\bf OF} \ {\bf EXPIRATION} \ ({\it NAISE, ASM TECH, ETC.})$ 

NAME(S) OF QUALIFIED SALES PERSONNEL TO CONDUCT VEHICLE SALES

		SECTION 2	2C - PERSONNEL INFO	DRMATION		
	TYPE OF	OWNERSHIP (Check one)		☐ PARTNERSHIP	CORPORATI	ON LLC
	NAME		POSITION WITH BUSINE	SS (Officer, President)	DUTIES WITH BUSIN manager, etc.)	ESS (Mechanic, Sales
	HOME ADDRI	SS (No. and Street)	(City of Town)		(State)	(Zip Code)
	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUM	ЛВЕR
	NAME		POSITION WITH BUSINESS	(Officer, President)	DUTIES WITH BUSIN manager, etc.)	ESS (Mechanic, Sales
	HOME ADDRI	CSS (No. and Street)	(City of Town)		(State)	(Zip Code)
LIST	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUM	IBER
OWNERS,	NAME		POSITION WITH BUSINESS	(Officer, President)	DUTIES WITH BUSIN manager, etc.)	ESS (Mechanic, Sales
PARTNERS,	HOME ADDRI	ESS (No. and Street)	(City of Town)		(State)	(Zip Code)
MEMBERS (LLC),	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUM	IBER
MANAGERS (LLC)	NAME		POSITION WITH BUSINESS	(Officer, President)	DUTIES WITH BUSIN manager, etc.)	ESS (Mechanic, Sales
OR	HOME ADDR	ESS (No. and Street)	(City of Town)		(State)	(Zip Code)
CORPORATE OFFICERS	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUM	/IBER
	NAME		POSITION WITH BUSINESS	(Officer, President)	DUTIES WITH BUSIN manager, etc.)	ESS (Mechanic, Sales
Personnel Information Must be Completed For	HOME ADDRE	SS (No. and Street)	(City of Town)		(State)	(Zip Code)
Each Person as Listed on the K-7	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUM	IBER
DI . C . C	NAME		POSITION WITH BUSINESS	(Officer, President)	DUTIES WITH BUSIN manager, etc.)	ESS (Mechanic, Sales
Photo Copy of Drivers License For All owners	HOME ADDRI	CSS (No. and Street)	(City of Town)		(State)	(Zip Code)
Must be Attached.	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUM	IBER
	NAME		POSITION WITH BUSINESS	(Officer, President)	DUTIES WITH BUSIN manager, etc.)	ESS (Mechanic, Sales
	HOME ADDRI	ESS (No. and Street)	(City of Town)		(State)	(Zip Code)
	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUM	1BER
	NAME		POSITION WITH BUSINESS	(Officer, President)	DUTIES WITH BUSIN manager, etc.)	ESS (Mechanic, Sales
	HOME ADDR	ESS (No. and Street)	(City of Town)		(State)	(Zip Code)
	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUM	IBER
DMV USE						
ONLY (Inspector's						
comments)						

## **SECTION 2D - PERSONNEL INFORMATION - CONTINUED**

## **INSTRUCTIONS**

PREPARE IN RESUME FORMAT DESCRIBING THE LAST 5 YEARS OF WORK HISTORY

Beginning with PRESENT OR MOST RECENT employment or volunteer experience and working backward, each owner, officer, manager or member must list all positions held which are necessary for determining their eligibility as a licensee. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) they personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. Continue the number sequence for additional jobs listed. You must fill out this application completely even if a resume is being attached.

OFFICIAL JOB TITLE	E (Start with most reco	ent job)	TYPE OF B	USINESS	TITLE OF IMMEDIATE SUPERVISOR
					DEPARTMENT WHERE ASSIGNED
EMPLOYED FROM:		EMPLO	YED TO:		TOTAL (Yrs., Mos.)
Month	Year	Montl	ı	Year	
n Detail ) AS RELATED	TO A DEALER OR	REPAIRE	R LICENSE.	•	
OFFICIAL JOB TITLE	E (Start with most rece	ent job)	TYPE OF B	USINESS	TITLE OF IMMEDIATE SUPERVISOR
	1	1	YED TO:	1	TOTAL (Yrs., Mos.)
Month	Year	Month		Year	
n Detail ) AS RELATED	TO A DEALER OR	REPAIRE	R LICENSE.	•	
OFFICIAL JOB TITLE	E (Start with most rece	ent job)	TYPE OF B	USINESS	TITLE OF IMMEDIATE SUPERVISOR
					DEPARTMENT WHERE ASSIGNED
T					
	Voor	1		Voor	TOTAL (Yrs., Mos.)
Month	т еаг	Monti	1	т еаг	
n Detail ) AS RELATED	TO A DEALER OR	: REPAIRE	R LICENSE.		1
	EMPLOYED FROM: Month  Detail ) AS RELATED  OFFICIAL JOB TITL  EMPLOYED FROM: Month  Detail ) AS RELATED	EMPLOYED FROM: Month  Vear  Detail ) AS RELATED TO A DEALER OR  Detail ) AS RELATED TO A DEALER OR  EMPLOYED FROM: Month  Vear  Detail ) AS RELATED TO A DEALER OR  OFFICIAL JOB TITLE (Start with most rec.  EMPLOYED FROM: Month  Year	Month  Month  Month  Month  Month  Month  Month  Most recent job)   EMPLOYED FROM: Month  Mon	EMPLOYED FROM: Month Year  Month Detail) AS RELATED TO A DEALER OR REPAIRER LICENSE.  OFFICIAL JOB TITLE (Start with most recent job)  EMPLOYED FROM: Month Year  Month Detail) AS RELATED TO A DEALER OR REPAIRER LICENSE.  OFFICIAL JOB TITLE (Start with most recent job)  TYPE OF B  OFFICIAL JOB TITLE (Start with most recent job)  TYPE OF B	EMPLOYED FROM: Month Year  Month Year  Month Year  Month Year  Detail ) AS RELATED TO A DEALER OR REPAIRER LICENSE.  EMPLOYED FROM: Month Year  Month Year  Month Year  Month Year  OFFICIAL JOB TITLE (Start with most recent job)  TYPE OF BUSINESS  EMPLOYED TO: Month Year  Month Year  Detail ) AS RELATED TO A DEALER OR REPAIRER LICENSE.

ATTACH ADDITIONAL PAGES IF NECESSARY

## **SECTION 2D - PERSONNEL INFORMATION - CONTINUED**

## **INSTRUCTIONS**

PREPARE IN RESUME FORMAT DESCRIBING THE LAST 5 YEARS OF WORK HISTORY

Beginning with PRESENT OR MOST RECENT employment or volunteer experience and working backward, each owner, officer, manager or member must list all positions held which are necessary for determining their eligibility as a licensee. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) they personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. Continue the number sequence for additional jobs listed. You must fill out this application completely even if a resume is being attached.

NAME OF SECOND APPLICANT	OFFICIAL JOB TITI	E (Start with most re	ecent job)	TYPE OF B	USINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS						DEPARTMENT WHERE ASSIGNED
DUGINESS BRONE NUMBER	EMPLOYED FROM:		EMP	LOVED TO		TOTAL (V. M.)
BUSINESS PHONE NUMBER	Month	Year	Mon	LOYED TO:	Year	TOTAL (Yrs., Mos.)
MECHANICAL, SALES, MANAGEMENT EXPERIENC	E (In Detail ) AS RELATED	TO A DEALER OF	R REPAIRI	ER LICENSE.		-
SECOND APPLICANT REFERENCE NUMBER 2	OFFICIAL JOB TITI	E (Start with most re	ecent job)	TYPE OF B	USINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS				1		DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM:		EMPLO	OYED TO:		TOTAL (Yrs., Mos.)
	Month	Year	Month		Year	
MECHANICAL, SALES, MANAGEMENT EXPERIENC	E (I D : 1) AG BEL ATER	TO A DEALER OF	, DED. IDI	D I IGENGE		
MECHANICAL, GALES, MANAGEMENT EATERENC	E (III Detail ) AS RELATED	TO A DEALER OF	C KEI AIKI	A LICENSE.		
SECOND APPLICANT REFERENCE NUMBER 3	OFFICIAL JOB TITI	E (Start with most re	cent job)	TYPE OF B	USINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS						DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM		EMDI (	OYED TO:		TOTAL (Van Man)
BUSINESS PHONE NUMBER	Month	: Year	Mon		Year	TOTAL (Yrs., Mos.)
MECHANICAL, SALES, MANAGEMENT EXPERIENC	E (In Detail ) AS RELATED	TO A DEALER OF	R REPAIRI	ER LICENSE.		<u> </u>

## **SECTION 2D - PERSONNEL INFORMATION - CONTINUED**

#### **INSTRUCTIONS**

PREPARE IN RESUME FORMAT DESCRIBING THE LAST 5 YEARS OF WORK HISTORY

Beginning with PRESENT OR MOST RECENT employment or volunteer experience and working backward, each owner, officer, manager or member must list all positions held which are necessary for determining their eligibility as a licensee. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) they personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. Continue the number sequence for additional jobs listed. You must fill out this application completely even if a resume is being attached.

DEPARTMENT WHERE ASSIGNED  ISINESS PHONE NUMBER  EMPLOYED TO: Mouth  Year  EMPLOYED TO: Mouth  Year  TOTAL (7rs., Mor.)  TOTAL (7rs., Mor.)  TOTAL (9rs., Mor.)  HIRD APPLICANT REFERENCE NUMBER 2  OFFICIAL JOB TITLE (Start with most recent job)  TYPE OF BUSINESS  TITLE OF IMMEDIATE SUPERVISOR  SINESS PHONE NUMBER  EMPLOYED FROM: Mouth  Year  TOTAL (7rs., Mor.)							
ENDATE OF DETAIL (For., Most)  ENDATED FROM:  Mosth  Year  Mosth  Year  Mosth  Year  Mosth  Year  Mosth  Year  EMPLOYED TO:  Mosth  Year  Mosth  Year  ITTLE OF IMMEDIATE SUPERVISOR  DEPARTMENT WHERE ASSIGNED  EMPLOYED FROM:  Mosth  Year  Mosth  Year  Mosth  Year  TOTAL (For., Most)  TITLE OF IMMEDIATE SUPERVISOR  EMPLOYED FROM:  Mosth  Year  Mosth  Year  TOTAL (For., Most)  TITLE OF IMMEDIATE SUPERVISOR  EMPLOYED FROM:  Mosth  Year  Mosth  Year  TOTAL (For., Most)  TITLE OF IMMEDIATE SUPERVISOR  EMPLOYED FROM:  Mosth  Year  TOTAL (For., Most)	AME OF THIRD APPLICANT	OFFICIAL JOB TITLI	E (Start with most reco	ent job)	TYPE OF B	USINESS	TITLE OF IMMEDIATE SUPERVISOR
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HIRD APPLICANT REFERENCE NUMBER 2  OFFICIAL JOB TITLE (Start with most recent job)  TYPE OF BUSINESS  DEPARTMENT WHERE ASSIGNED  SINESS PHONE NUMBER  EMPLOYED FROM: Month Year  Month Year  TOTAL (1/rs., Mos.)  TOTAL (1/rs., Mos.)  TOTAL (1/rs., Mos.)  TITLE OF IMMEDIATE SUPERVISOR  TOTAL (1/rs., Mos.)  TOTAL (1/rs., Mos.)  TITLE OF IMMEDIATE SUPERVISOR  TOTAL (1/rs., Mos.)			Year	;		Year	
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Month Year Month Year  ECHANICAL, SALES, MANAGEMENT EXPERIENCE (In Detail ) AS RELATED TO A DEALER OR REPAIRER LICENSE.  HIRD APPLICANT REFERENCE NUMBER 3 OFFICIAL JOB TITLE (Start with most recent job) TYPE OF BUSINESS TITLE OF IMMEDIATE SUPERVISOR  DMPANY NAME AND ADDRESS DEPARTMENT WHERE ASSIGNED  USINESS PHONE NUMBER EMPLOYED FROM: EMPLOYED TO: TOTAL (Yrs., Mos.)	OMPANY NAME AND ADDRESS						DEPARTMENT WHERE ASSIGNED
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HIRD APPLICANT REFERENCE NUMBER 3  OFFICIAL JOB TITLE (Start with most recent job)  DMPANY NAME AND ADDRESS  DEPARTMENT WHERE ASSIGNED  USINESS PHONE NUMBER  EMPLOYED FROM:  EMPLOYED TO:  TOTAL (Yrs., Mos.)					-		
DMPANY NAME AND ADDRESS  DEPARTMENT WHERE ASSIGNED  USINESS PHONE NUMBER  EMPLOYED FROM:  EMPLOYED TO:  TOTAL (Yrs., Mos.)	ECHANICAL, SALES, MANAGEMENT EXPERIENC	CE (In Detail ) AS RELATED	TO A DEALER OR	REPAIRE	R LICENSE.	•	
DMPANY NAME AND ADDRESS  DEPARTMENT WHERE ASSIGNED  USINESS PHONE NUMBER  EMPLOYED FROM:  EMPLOYED TO:  TOTAL (Yrs., Mos.)							
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	SINESS PHONE NUMBER	EMPLOYED FROM: Month	Year	EMPLO Montl	YED TO:		DEPARTMENT WHERE ASSIGNED

ATTACH ADDITIONAL PAGES IF NECESSARY

## **SECTION 2D - PERSONNEL INFORMATION - CONTINUED**

## **INSTRUCTIONS**

PREPARE IN RESUME FORMAT DESCRIBING THE LAST 5 YEARS OF WORK HISTORY

Beginning with PRESENT OR MOST RECENT employment or volunteer experience and working backward, each owner, officer, manager or member must list all positions held which are necessary for determining their eligibility as a licensee. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) they personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. Continue the number sequence for additional jobs listed. You must fill out this application completely even if a resume is being attached.

AME OF FOURTH APPLICANT	OFFICIAL JOB TITL	E (Start with most rec	ent job)	TYPE OF I	BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
OMPANY NAME AND ADDRESS						DEPARTMENT WHERE ASSIGNED
USINESS PHONE NUMBER	EMPLOYED FROM:		EMPLO	YED TO:		TOTAL (Yrs., Mos.)
	Month	Year	Montl	ì	Year	
IECHANICAL, SALES, MANAGEMENT EXPERIENCE	E (In Detail ) AS RELATED	: TO A DEALER OR	: REPAIRE	R LICENSE.	:	
OURTH APPLICANT REFERENCE NUMBER 2	OFFICIAL JOB TITL	E (Start with most rec	ent job)	TYPE OF I	BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
OMPANY NAME AND ADDRESS						DEPARTMENT WHERE ASSIGNED
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ECHANICAL, SALES, MANAGEMENT EXPERIENCE	Month	TO A DEALER OR	REPAIRE	n R LICENSE.	Year	TITLE OF IMMEDIATE SUPERVISOR
ECHANICAL, SALES, MANAGEMENT EXPERIENCE	Month  E (In Detail ) AS RELATED	TO A DEALER OR	REPAIRE	n R LICENSE.	Year	
ECHANICAL, SALES, MANAGEMENT EXPERIENCE	Month  E (In Detail ) AS RELATED	TO A DEALER OR	REPAIRE	n R LICENSE.	Year	
ECHANICAL, SALES, MANAGEMENT EXPERIENCE	Month  E (In Detail ) AS RELATED	TO A DEALER OR	REPAIRE	n R LICENSE.	Year	TITLE OF IMMEDIATE SUPERVISOR
DURTH APPLICANT REFERENCE NUMBER 3	Month  C (In Detail ) AS RELATED  OFFICIAL JOB TITL	TO A DEALER OR	REPAIRE	TYPE OF I	Year	TITLE OF IMMEDIATE SUPERVISOR  DEPARTMENT WHERE ASSIGNED
USINESS PHONE NUMBER  ECHANICAL, SALES, MANAGEMENT EXPERIENCE  DURTH APPLICANT REFERENCE NUMBER 3  OMPANY NAME AND ADDRESS  USINESS PHONE NUMBER	Month  C (In Detail ) AS RELATED  OFFICIAL JOB TITL  EMPLOYED FROM:	E (Start with most rec	ent job)	TYPE OF I	Year	TITLE OF IMMEDIATE SUPERVISOR
DURTH APPLICANT REFERENCE NUMBER 3	Month  C (In Detail ) AS RELATED  OFFICIAL JOB TITL	TO A DEALER OR	ent job)	TYPE OF I	Year	TITLE OF IMMEDIATE SUPERVISOR  DEPARTMENT WHERE ASSIGNED
CHANICAL, SALES, MANAGEMENT EXPERIENCE  URTH APPLICANT REFERENCE NUMBER 3  MPANY NAME AND ADDRESS	Month  C (In Detail ) AS RELATED  OFFICIAL JOB TITL  EMPLOYED FROM: Month	E (Start with most rec	ent job)	TYPE OF I	Year  Year	TITLE OF IMMEDIATE SUPERVISOR  DEPARTMENT WHERE ASSIGNED

ATTACH ADDITIONAL PAGES IF NECESSARY

-						SECT	ION :	3 - SITE	INFO	RMA	TION						
SIZE OF PROPERTY (Squ	are feet)	NUMB	ER OF B	UILDI	NGS	FOTAL BUILI					Square feet)	INSIDE	SHOWE	ROOM (Squar	re feet)	PARTS DEPA	ARTMENT NO
REPAIR AREA (Square fee	t)	NUMBI	ER OF R	EPAIR	BAYS S	SEPARATE CA	AR WAS	1	WASTE	OIL TAN	NK (Size an	d Location)					
ANY OTHER ASSOCIATE	ED USES (F	Please exp	plain)														
DEALERS ONLY - OUTSI	DE AREA	FOR VI	EHICLE	SALES	(Square	feet) NUMBE	ER OF S.	ALES SPAC	ES NO. C		OMER PA	RKING SP	PACES	NO. OF CUS STREET	STOMER	PARKING SI	PACES ON
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DMV USE ONLY																	
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FOLLOWING REQUIRED FORMS? (Sales and related forms for Dealers only)	SUPPLE	YES MENTA	L I.D. C.		REPAI	R ORDERS	FEDE	YES  CRAL ODON  YES	IETERS ST	ATEME	ORA	L AUTHO	RIZATI	YES CUMENTING ONS TO	NO TOV	V RECORD IN	NVOICE
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			SECTIO	N 5 - REPAIR	SERVICE	E INFORMATIO	)N	
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LIMITED REP	PAIR	GENERAI	L REPAIR	MAJOR COLL	ISION REPAIR	BRAKE REPAIR	FRONT END REPAIR	TOWING SERVICE
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LIST ALL EQUIPMEN	NT AND TO	OLS TO PROVID	E ALL TYPES OF RE	PAIRS YOUR BUSINE	ESS WILL BE CO	ONDUCTING (Verified upor	DMV Inspection)	
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# THE FOLLOWING TWO SECTIONS ARE TO BE COMPLETED AT THE TIME OF INSPECTION IN THE PRESENCE OF DMV INSPECTOR.

#### SECTION 6 - QUESTIONNAIRE/SUMMARY INFORMATION

THE FOLLOWING SECTION IS A QUESTIONNAIRE DESIGNED TO PROVIDE FURTHER DETAIL AS TO YOUR KNOWLEDGE AND ABILITY TO PROPERLY OPERATE UNDER THE LICENSE FOR WHICH YOU ARE MAKING APPLICATION. THIS SECTION MUST BE COMPLETED BY AN OWNER/OFFICER, MEMBER/MANAGER AS LISTED IN SECTION 2C OF THIS FORM Has the applicant, any partner, any LLC member or manager, or any corporate stockholder, director or officer of said applicant ever been arrested, charged with, convicted of or plead no contest to any felony or misdemeanor/crime, excluding traffic violations? YES If YES, give full details on a separate sheet including crime, type (felony or misdemeanor), date, place of conviction, sentence received, etc. You must also attach copies of all final court judgments for those convictions. Failure to comply will result in your license being delayed or denied. Has the applicant, any partner, any LLC member or manager, or any corporate stockholder, director or officer of said applicant ever: YES NO NO a. Had a motor vehicle dealers's or repairers or recyclers license subjected to denial or disciplinary action? YES b. Had any other type of occupational license (excluding driver's license) subjected to denial or disciplinary action? c. Filed or been declared bankrupt? YES l NO Any "yes" answer above must be explained fully in a separate letter signed and dated by applicant. Is your driver's license or the license of any owner/officer, member/manager of this business currently under suspension? YES NO If YES, list the individual(s) name(s) below and the offense that resulted in suspension. ACKNOWLEDGE THE FOLLOWING STATEMENTS BY INITIALING THE BLANK INITIALS I understand that any owner/officer/manager or employee that has use of dealer/repairer plates during or after business hours is required to carry a supplemental I.D. Card with them and a record of same is to be maintained at the place of business in accordance to law. INITIALS I understand that after hours usage of dealer/repairer plates may only be used by bonafide full time employees for which legitimate payroll deductions are taken, or by owners/officers/managers of my business, or on legal loan as specified by state law. INITIALS I understand that after an individual that is not employed legitimately by my business may not use a dealer/repairer plate for any reason unless it is issued on legal loan as specified by state law. INITIALS I understand that prior to performing any repair work to a motor vehicle, I must obtain authorization from customer and provide cost estimate in accordance to state law. INITIALS I understand that if licensed as a motor vehicle dealer I must provide sales customers with proper purchase order, sales invoice and Federal odometer statement in accordance to State and Federal law. INITIALS I understand that my business is responsible for the actions of my employees relative to the customers of my business whether I authorized their INITIALS I understand that a DMV administrative hearing can be held which would suspend/revoke my license for failure to conduct my business in accordance with the General Statutes and Regulations of Connecticut State Agencies. **SECTION 7 - NOTARIZATION** DO NOT SIGN BELOW WITHOUT WITNESS OF A NOTARY OR INSPECTOR UNDER THE PENALTIES OF FALSE STATEMENT, ALL THE INFORMATION LISTED IN THE PRECEDING PAGES IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. QUALIFIED PERSON (Name Printed) POSITION WITH BUSINESS PRINCIPAL'S SIGNATURE DRIVER'S LICENSE NUMBER Х PLACE SWORN DATE SWORN SUBSCRIBED AND SWORN TO BEFORE ME SIGNATURE OF NOTARY PUBLIC OR INSPECTOR PRINTED NAME OF NOTARY PUBLIC OR INSPECTOR X INSPECTOR'S COMMENTS