

STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES

ROY COOPER  
GOVERNOR

J.R. "JOEY" HOPKINS  
SECRETARY

MEMORANDUM

TO: DEALER NO:  
DEALER NAME  
DEALER ADDRESS  
CITY, STATE, ZIP

FROM: NORTH CAROLINA DIVISION OF MOTOR  
VEHICLES LICENSE AND THEFT BUREAU  
DEALER UNIT

SUBJECT: RENEWAL OF 2024 DEALER AND SALES  
REPRESENTATIVES LICENSES AND PLATES

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Enclosed are the preprinted applications to use in renewing your dealer and sales representative licenses and to purchase your dealer plates and dealer transporter plates. Your present licenses and plates will expire on MONTH / DAY, YEAR. **Under N.C.G.S. § 20-295 a dealer license will remain valid for up to 30 days when an application for a license renewal has been submitted to the Dealer Unit prior to the expiration of the license.**

Please follow the instructions below in completing the renewal applications:

1. Review applications for accuracy and complete in their entirety.
2. If the name and/or address of the dealership is incorrect on the preprinted application, or if there are any changes in your ownership, please go to the Dealer Unit webpage at <https://connect.ncdot.gov/business/DMV/Pages/Car-Dealers.aspx> for directions and assistance. **DO NOT SEND TO RALEIGH.**
3. Please provide garage liability insurance company underwriter's name and policy number information. Furnish the complete name of the insurance company underwriter. **(AGENT'S NAME NOT ACCEPTABLE).**
4. The fee preprinted on the renewal application is correct for your dealer certificate. The fee for the first five (5) dealer plates is \$46.25 each plus the transit tax if the note below applies. All plates purchased after the first five (5) will be \$23.25 each plus any transit tax. All dealer transporter plates are \$23.25 each plus any transit tax. For Dealer loaner plates, please refer to the LT-429.
5. **LATE FEES:** A late fee of \$15.00 per plate will be charged on renewals beginning the first day of the month following the expiration date. **If you fail to renew your Dealer License and plates within one month of the expiration date, it will be stamped "Failure to Renew" and a new dealer application is required.**

**NOTE:** Those Dealers, Manufacturers, Factory Branches, Distributors, and Wholesalers that have their place of business located in a Transit Tax County, may incur additional fees for each plate purchased.

**Wake/Orange/Durham Counties: \$15.00 additional per plate. Randolph County: \$1.00 per plate.**

MAILING ADDRESS:  
NC DIVISION OF MOTOR VEHICLES  
LICENSE AND THEFT BUREAU  
DEALER UNIT  
3129 MAIL SERVICE CENTER  
RALEIGH, NC 27697-3129

Telephone: (919) 615-8997  
Fax: (919) 861-3805

WEBSITE: [WWW.NCDOT.ORG/DMV](http://WWW.NCDOT.ORG/DMV)

LOCATION:  
RALEIGH CENTRAL SERVICES  
4121 NEW BERN AVENUE  
SUITE 151  
RALEIGH, NC, 27610

6. **N.C.G.S § 20-79** governs the number of dealer plates that a dealer may purchase based upon the number of vehicles sold in the previous twelve-month period. **N.C.G.S § 20-79.2(b1)** governs the number of transporter plates that a dealer may purchase. The total number of dealer and transporter plates issued to a dealer may not exceed the number of plates that can be issued to the dealer under **N.C.G.S. §20-79(b)**. Plates will be issued based on the following scale:

<u>VEHICLES SOLD IN RELEVANT 12-MONTH PERIOD</u>	<u>MAXIMUM NUMBER OF PLATES</u>
Fewer than 12	3
At least 12 but less than 25	6
At least 25 but less than 37	7
At least 37 but less than 49	8
49 or more	At least 8, but no more than 5 times the average number of qualifying sales representatives employed by the dealer during the relevant 12-month period.

7. To indicate which classifications of plates are needed, complete the enclosed LT-405 and attach it to the LT-403.

8. The enclosed Affidavit (LT-418) must be completed in its entirety and must be notarized. Only original documents will be accepted. NO COPIES.

9. The fee for each sales, factory and distributor representative is \$25.50. **Please ensure that you Endorse, Notarize and Return applications with your completed renewal packet.** Only original documents will be accepted. NO COPIES.

10. All used motor vehicle dealers must show proof that the applicant has completed the six-hour Dealer Training Course within the previous twelve-month period approved by the Division if the applicant is seeking a renewal license.

11. Please total all fees due, and submit applications and remittance to the North Carolina Division of Motor Vehicles. Applications should be mailed to:

**NC DIVISION OF MOTOR VEHICLES**  
**License and Theft Bureau**  
**Dealer Unit**  
**3129 Mail Service Center**  
**Raleigh, NC 27697-3129**

We encourage you to return your application and fees to the Division by mail as soon as possible, so that you will receive your licenses and plates prior to your renewal date. Thank you for your prompt attention to the renewal request.

MAILING ADDRESS:  
NC DIVISION OF MOTOR VEHICLES  
LICENSE AND THEFT BUREAU  
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Telephone: (919) 615-8997  
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LOCATION:  
RALEIGH CENTRAL SERVICES  
4121 NEW BERN AVENUE  
SUITE 151  
RALEIGH, NC, 27610

**RENEWAL APPLICATION FOR DEALER LICENSE AND PLATES**

NCDMV LICENSE AND THEFT BUREAU – DEALER UNIT  
3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

DEALER NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**1. FIRM NAME AND ADDRESS.**

TELEPHONE NUMBER: (      ) \_\_\_\_\_

\*Please contact your Inspector with any name and/or address changes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. FRANCHISE or INDEPENDENT**

PRINT OR TYPE ANY CHANGE OF FRANCHISE.  
**ADDED**                      **DROPPED**

Attach franchise agreement(s) if adding.

**3. OWNERSHIP: (Check appropriate block)**    INDIVIDUAL     PARTNERSHIP     CORPORATION     LLC

LIST NAME, ADDRESS AND TITLE OF OWNER, PARTNER OR OFFICERS OF CORPORATION (Use reverse side if needed)

Complete LT-400(B) if minor officer change.

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
_____	_____	_____
_____	_____	_____

**4. If application is for renewal of "used motor vehicle dealer license", has applicant within the last twelve (12) months completed a six-hour licensing course approved by the Division as required by N.C.G.S. § 20-288(A1)? YES or NO (Circle one) \*Initials\_\_\_\_\_ If yes, attach copy of certificate. (Note: Effective July 1, 2002)**

**5. I certify that, as proprietor, partner or corporate officer of this firm, I have authority to sign and submit this application and the statements contained therein are true and correct.**

_____	_____	_____
Signature	Title	Date

**6. FEES AND INSURANCE CERTIFICATION.**

Check space which indicates the type of license being applied for:

\_\_\_\_\_ Dealer License - \$115.50                      \_\_\_\_\_ Distributor License - \$115.50                      \_\_\_\_\_ Factory Branch License - \$167.25

\_\_\_\_\_ Wholesale Dealer License - \$115.50                      \_\_\_\_\_ Manufacturer Dealer License - \$250.50

- a. License Certificate \$ \_\_\_\_\_
- b. Total Plate fees from LT-405 \$ \_\_\_\_\_
- c. Sales, factory and distributor Representative licenses at \$25.50 each \$ \_\_\_\_\_
- d. Temporary Markers - \$25.00 per set of 25                      \_\_\_\_\_ Motorcycle                      \_\_\_\_\_ Auto \$ \_\_\_\_\_
- Total fees enclosed \$ \_\_\_\_\_**

**7. INSURANCE CERTIFICATION MUST BE COMPLETED. This is to certify that I have liability insurance with \_\_\_\_\_ Policy Number \_\_\_\_\_ as required by the North Carolina Financial Responsibility Act of 1957 and certify there has not been a license plate revocation.**

**TOTAL FEES PAID \$ \_\_\_\_\_.**

**8. Is the owner, partners, or any members of the corporation, listed on this application, active-duty military, a military veteran, or a military spouse? Yes or No (circle one):**

**If yes, complete the below information:**

<b>Name</b>	<b>Active-Duty Military</b>	<b>Military Veteran</b>	<b>Military Spouse</b>
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)
	Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)

*\*NOTICE: IF THERE IS A CHANGE OF NAME, ADDRESS AND/OR OWNERSHIP, DO NOT FORWARD THIS RENEWAL TO THE DEALER UNIT IN RALEIGH WITHOUT CONTACTING YOUR INSPECTOR.\**

Signature of Applicant: \_\_\_\_\_

Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

I certify that the following person personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

\_\_\_\_\_ (name of principal).

Notary Signature \_\_\_\_\_ Notary Printed or Typed Name \_\_\_\_\_

(SEAL)

My Commission Expires \_\_\_\_\_

# AFFIDAVIT

NCDMV VEHICLE SERVICES – DEALER UNIT  
3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

Dealer No: \_\_\_\_\_

This is to certify that I have the authority to sign for \_\_\_\_\_  
Dealership Name

and that the answers given to the following questions are true and correct.

1. What is the average number of qualifying sales representatives you have employed during the previous twelve (12) months? \_\_\_\_\_

**NOTICE: A QUALIFYING SALES REPRESENTATIVE** is a person who works twenty-five (25) hours per week on a regular basis and is compensated by the dealer for his work.

2. How many vehicles/trailers were sold by your dealership in the previous twelve (12) months? \_\_\_\_\_

**Note: A sale requires a transfer of ownership and a re-assignment of title.**

I understand that any false or incorrect statement may result in the revocation of my dealer license and possible criminal prosecution.

**AN ACTIVE DEALER BOND IS REQUIRED TO OPERATE AS A NORTH CAROLINA AUTOMOTIVE DEALER. IF YOU HAVE OBTAINED A NEW BOND SINCE YOUR LAST RENEWAL, YOU MUST SUBMIT THE ORIGINAL SIGNED AND SEALED COPY TO THE DEALER UNIT FOR RECORDING.**

**ACKNOWLEDGEMENT: I certify that the above information is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of Dealership corporate officer, LLC member, partner or proprietor

\_\_\_\_\_  
Date

Signature of Applicant: \_\_\_\_\_

Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

\_\_\_\_\_  
(name of principal).

Notary Signature \_\_\_\_\_ Notary Printed or Typed Name \_\_\_\_\_

(SEAL)

My Commission Expires \_\_\_\_\_

## RENEWAL APPLICATION FOR DEALER AND TRANSPORTER PLATES

NCDMV LICENSE AND THEFT BUREAU – DEALER UNIT  
3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

LICENSE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

1. Have any of your current plates or the ones listed below been lost, stolen, mutilated or are no longer in your possession? **YES**  **NO**

If yes, please list those plates and indicate whether each plate is lost, stolen, or mutilated:

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2. Please review and select the plates for renewal (**CIRCLE** those to be renewed):

a. PLATE CATEGORY: Motorcycle / Manufacturer Motorcycle Dealer Plates

b. PLATE CATEGORY: Independent / Franchise / Manufacturer Dealer Plates

c. PLATE CATEGORY: Exempt (XD) Dealer Plates

d. PLATE CATEGORY: Transporter Dealer Plates

e. PLATE CATEGORY: Loaner Dealer (Franchise Only) Dealer Plates

## APPLICATION FOR DEALER PLATES

NCDMV LICENSE AND THEFT BUREAU – DEALER UNIT  
3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**LATE FEES:** A late fee of \$15.00 per plate will be charged on renewals beginning the first day of the month following the expiration date. **If you fail to renew your Dealer license and plates within one month of the expiration date, it will be stamped "Failure to Renew" and a new Dealer application is required.**

**(A) DEALER PLATES.** Use the following worksheet to calculate plate fees. The first five (5) plates renewed and/or issued are \$46.25 per plate. Additional plates renewed and/or issued are \$23.25 per plate.

**Please note: The LT-418 (Affidavit) determines the number of plates your Dealership is eligible for, (Dealer/Transporter combined). The following Counties require an additional Transit Tax per plate: Wake/Orange/Durham Counties - \$15.00 per plate; Randolph County - \$1.00 per plate that is automatically calculated.**

1. Number of Dealer Plates circled on LT-419 (If applicable) for renewal: \_\_\_\_\_

2. Additional/New Dealer plates requested. Type of plate and quantity:

\_\_\_\_\_ Independent Dealer    \_\_\_\_\_ Franchise Dealer    \_\_\_\_\_ Motorcycle Plate    \_\_\_\_\_ Exempt Trailer

\_\_\_\_\_ Manufacturer Plate    \_\_\_\_\_ Motorcycle Manufacturer

3. Quantity of Dealer plates (up to five) \_\_\_\_\_ x \$46.25 ea = Total Fee \$ \_\_\_\_\_

4. Quantity of additional Dealer plates \_\_\_\_\_ x \$23.25 ea = Total Fee \$ \_\_\_\_\_

### (B) DEALER TRASPORTEER PLATES

5. Number of Dealer Transporter plates circled on LT-419 for renewal: \_\_\_\_\_

6. Additional/new Dealer Transporter plates requested: \_\_\_\_\_

7. Total number of Dealer Transporter plates \_\_\_\_\_ x \$23.25 each = Total Fee: \$ \_\_\_\_\_

**(C) LOANER DEALER PLATES.** Only Franchise Dealerships are eligible to obtain these plates.

8. Number of Loaner Dealer plates circled on LT-419 for renewal: \_\_\_\_\_

9. Additional / new Loaner Dealer plates requested: \_\_\_\_\_

10. Quantity of Loaner Dealer plates \_\_\_\_\_ x \$200.00 each = Total Fee: \$ \_\_\_\_\_

11. Late fee per plate within one month of expiration. Number of plates \_\_\_\_\_ X \$15.00 Late Fee: \$ \_\_\_\_\_

**GRAND TOTAL (Add lines 3, 4, 7, 10 and 11, if applicable. Enter this total on LT-403 or LT-400)      \$ \_\_\_\_\_**

## APPLICATION FOR SALES REPRESENTATIVE LICENSE

NCDMV LICENSE AND THEFT BUREAU – DEALER UNIT  
3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

**1. APPLICANT INFORMATION.** Please print legibly. Illegible forms will not be processed. Use complete legal name as it appears on your Driver's License/ID Card.

Applicant Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Dealer Salesman \_\_\_\_\_ Distributor Sales Rep \_\_\_\_\_ Factory Rep \_\_\_\_\_

**2. ENDORSEMENT BY EMPLOYER.** AS EMPLOYER I UNDERSTAND THAT I AM RESPONSIBLE FOR THE ACTS OF ALL SALES REPRESENTATIVES EMPLOYED BY ME WHILE ACTING AS MY AGENT.

Business Name: \_\_\_\_\_ Dealer License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Printed Name of Employer: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

**3. AS THE APPLICANT, I HEREBY CERTIFY THAT:**

(1) I have been convicted of an offense set forth under N.C.G.S. § 14-72.1, 20-106.1, 14-160.4 or 20-112 within 5 years next preceding the date of filing the application. **Yes or No** (circle one) \*Initial: \_\_\_\_\_

(2) I have been convicted of a crime: (a) possibly related to the duties and responsibilities for holding a sales representative license; or (b) violent or sexual in nature. **Yes or No** (circle one) \*Initial: \_\_\_\_\_

(3) I have previously been denied or had a license issued under the Dealer Licensing Act that was suspended or revoked. **Yes or No** (circle one) \*Initial: \_\_\_\_\_

(4) I am familiar with and will comply with all the laws and regulations governing the conduct of motor vehicle salesmen or representatives and will cooperate with the Division in administering the North Carolina Motor Vehicle Dealers and Manufacturers Act. The information and certifications contained in this application are true and correct to the best of my knowledge and belief. **Yes or No** (circle one) \*Initial: \_\_\_\_\_

**In reviewing an application, the Division may only deny an application based on a conviction under the requirements of N.C.G.S. § 20-294 and N.C.G.S. § 93B-8.1. Upon review of the application where the applicant has a criminal conviction, the Division shall consider:**

- (1) The level and seriousness of the crime.
- (2) The date of the crime.
- (3) The age of the person at the time of the crime.
- (4) The circumstances surrounding the commission of the crime, if known.
- (5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
- (6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
- (6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment.



- (6b) A Certificate of Relief granted pursuant to G.S. § 15A-173.2.
- (7) The subsequent commission of a crime by the applicant.
- (8) Any affidavits or other written documents, including character references.

If you answered "YES" to questions (1), (2) or (3) above indicating that you have such a conviction, you may attach any information relevant for the Division to consider in reviewing your application. Such information can include, but not be limited to, the considerations listed above in (1) through (8) that the Division shall consider.

Any material misstatement on this application and/or other grounds besides convictions listed under N.C.G.S. § 20-294 may authorize the denial of the application.

If the Division denies an application based on a conviction, the applicant may appeal the denial under the procedures set forth under N.C.G.S. § 20-300 and Article IV of Chapter 150B. If the Division denies an application based on the remaining provisions of N.C.G.S. § 20-294, the applicant may seek an administrative hearing under N.C.G.S. § 20-296.

N.C.G.S. § 93B-2 requires the Division to track and report to the Secretary of State, the Attorney General, Military & Veteran's Affairs, and the Joint Legislative Administrative Procedure Oversight Committee, an annual report containing the following information:

Is the applicant, listed on this application, active-duty military, a military veteran, or a military spouse?

Yes or No (circle one):

If yes, complete the below information:

<b>I am Active-Duty Military:</b>	<b>I am a Military Veteran</b>	<b>I am a Military Spouse:</b>
Yes or No (circle one)	Yes or No (circle one)	Yes or No (circle one)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

\_\_\_\_\_ (name(s) of principal(s) ).

Notary Signature \_\_\_\_\_ Notary Printed or Typed Name \_\_\_\_\_

(SEAL)

My Commission Expires \_\_\_\_\_