

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 \$ _____.

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 _____