DSD 10A (02/95)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MOTOR VEHICLES
P. O. BOX 27412, RICHMOND, VIRGINIA 23269-0001

FOR DMV USE ONLY	
C. & O. FEE	TOTAL FEE
AMT. OF CHECK	CHECK NO.
RETURN OVERPAY FOR APPROVAL	OVERPAY
CLERK'S INITIALS	

SALVAGE VEHICLE DEALER, DEMOLISHER, REBUILDER SALVAGE POOL, VEHICLE REMOVAL OPERATOR LICENSE APPLICATION FOR INITIAL LICENSE OR RENEWAL

FOR LICENSE YEAR ENDING _____

FOR DMV USE ONLY

1. TYPE OF APPLICATION

Important note: if this is an initial, renewal or change in location application, applicant must submit proof of local zoning ordinance approval with this application.

☐ INITIAL APPLICATION ☐ RENEWAL APPLICATION

☐ CHANGE (EXPLAIN) _____

Authorized Changes: address change, name change, ownership change, or relocation.

2. TYPE OF SALVAGE BUSINESS LICENSES DESIRED

☐ SALVAGE DEALER ☐ SALVAGE POOL
☐ DEMOLISHER ☐ VEHICLE REMOVAL OPERATOR
☐ REBUILDER

3. NAME OF BUSINESS TRADING AS NAME

BUSINESS HOURS (LIST AS POSTED)

BUSINESS ADDRESS: STREET (P.O. BOX ONLY IS NOT ACCEPTABLE) CITY ZIP CODE

☐ COUNTY OR ☐ CITY JURISDICTION OF BUSINESS

OWNER (PERSON OPERATING BUSINESS)

SALVAGE DEALER'S SOCIAL SECURITY OR EMPLOYER I.D. NUMBER

SALVAGE DEALERS BUSINESS PHONE

OWNER HOME PHONE

PRIVACY STATEMENT

In accordance with Sections 2.1-196.1, 2.1731, and 2.1-734 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

4. TYPE OF OWNERSHIP, CHECK ONE:

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

STATE IN WHICH INCORPORATED

5. GIVE THE NAME, TITLE AND RESIDENTIAL ADDRESS OF EACH OWNER, PARTNER AND/OR OFFICER OF THIS BUSINESS USE ADDITIONAL SHEET(S), IF NECESSARY, AND ATTACH.

NAME	TITLE	ADDRESS

6. READ EACH QUESTION BELOW AND CHECK THE APPROPRIATE RESPONSE	YES	NO
A. Are you currently licensed as a Motor Vehicle Dealer or Salvage Type Dealer in Virginia?	☐	☐
B. Have you ever been licensed as a Motor Vehicle Dealer, or Salvage Dealer in Virginia or any other state?	☐	☐
C. Has any owner, partner, or officer of business ever been refused a Motor Vehicle Dealer's License, Certificate of Registration, or Salvage Dealer's License or had his/her license suspended or revoked?	☐	☐
D. Has any owner, partner, or officer of business ever been convicted of a felony?	☐	☐
E. Has any owner, partner, or officer of business ever been convicted of any fraudulent or criminal act in connection with the business of selling vehicles?	☐	☐
F. Has any owner, partner, or officer of business ever been convicted of larceny of a vehicle OR receipt or sale of a stolen vehicle?	☐	☐
G. Has any owner, partner, or officer of business ever been convicted of odometer tampering or any related violation?	☐	☐

H. If the answer to any of the above questions is YES, explain (include names, dates and court jurisdictions).

7. CERTIFICATION. **Read and certify by signing below.**

I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 2 misdemeanor.

_____
NAME OF BUSINESS

_____
SIGNATURE OF OWNER, PARTNER, OR OFFICER OF THE BUSINESS

EXECUTED AND SIGNED IN THE ☐ COUNTY ☐ CITY OF _____
COUNTY OR CITY

IN THE STATE OF _____ ON THIS DATE _____ _____ _____
STATE MONTH DAY YEAR