



INSTRUCTIONS Use this form to tell DMV about an amendment or to request a duplicate Business Certificate (you must fill out an original application if you are acquiring a business). There is no fee for amendments or duplicate certificates. **If you are making a change, please call (518) 474-0919 for information about required documentation.** Failure to provide all documentation will delay processing of your request.

AMENDMENT CUSTOMERS: Complete items 1, 2, 3, 9 and 10 and the “Certification” section at the bottom of page 2. Also, complete items 4 - 8 only if they apply to the change you are making.

DEALERS: All dealers (excluding those who are exempt under the law) are required to have a bond. If you are a dealer requesting an amendment, please call (518) 474-0919 to determine if you have to provide a revised bond with your request. If you are a franchised dealer requesting an address change, you must provide franchise papers showing the new address.

Bureau of Consumer and Facility Services, Application Unit
PO Box 2700, Albany NY 12220-0700

7.	Deletions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necessary.											
(a) Name (First, MI, Last)		Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X		Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.		Residence Phone								
(b) Name (First, MI, Last)		Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X		Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.		Residence Phone								
(c) Name (First, MI, Last)		Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X		Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.		Residence Phone								
8.	Additions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necessary.											
(a) Name (First, MI, Last)		Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X		Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.		Residence Phone								
(b) Name (First, MI, Last)		Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X		Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.		Residence Phone								
(c) Name (First, MI, Last)		Date of Birth	Title	% of Stock or Ownership								
Please Sign Name in Full X		Driver License Identification Number		Social Security Number								
Residence Address		Apt. No.		Residence Phone								
9.	a) 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. ☐ Yes ☐ No b) 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? ☐ Yes ☐ No c) If (a) or (b) is "YES", specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.											
10.	Has the owner, any member of the partnership, interested party, officer or director of the corporation been convicted of, or forfeited bail for, any misdemeanor or felony? ☐ Yes ☐ No If "YES", give the following information: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Name</td> <td style="width: 15%;">Date of Birth</td> <td style="width: 25%;">Conviction Date</td> <td style="width: 25%;">Penalty</td> </tr> <tr> <td>Court</td> <td colspan="3">Nature of Offense</td> </tr> </table>				Name	Date of Birth	Conviction Date	Penalty	Court	Nature of Offense		
Name	Date of Birth	Conviction Date	Penalty									
Court	Nature of Offense											

CERTIFICATION**(all applicants must complete this section)**

FALSE 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: None of the financially interested parties of the facility who are named or unnamed in this application are a franchisor, manufacturer, distributor, distributor branch or factory branch as defined in section §462 of the New York State Vehicle and Traffic Law, and neither they nor the facility are a subsidiary, affiliate, or controlled entity thereof; the facility applying for registration 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)
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Business e-mail address

Residence Address (Include Number and Street)	City	State	ZIP
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Please Sign Name In Full	Title	Date (Month/Day/Year)
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[reset/clear](#)