



Department of Motor Vehicles

ORIGINAL FACILITY APPLICATION

FOR ASSISTANCE WITH THE COMPLETION OF THIS APPLICATION OR INFORMATION ON BUSINESS REQUIREMENTS PLEASE VISIT DMV.NY.GOV

DMV USE ONLY
Tracking #
County
Zip Code
Facility #
Facility Name

ALL APPLICANTS: PLEASE READ CAREFULLY

This is the business type that you are applying for. Complete all 5 pages of this form.

[X] Repair Shop
repair information is on page 4

NOTE: If applying for a Junk & Salvage business you will need to submit form VS-1JS.

PART 1 Print name and location of business, business e-mail address and phone number below:

Business Name
Business E-mail Address
Business Street Address (physical location)
Business Phone No. (Area Code)
City State ZIP County

CONTACT: This information will be used for contact and correspondence while processing this application ONLY!

Contact Person (principal of business) Title Contact's E-mail Address
Mailing Address Contact Phone No. (Area Code)
City State ZIP County

PART 2 Ownership - you may only select one of the following four business types (Part 2 continues on next page)

- Individual (complete Section A)
Corporation/LLC (complete Section C)
Partnership (complete Section B)
Government/Education (complete Section D)

INDIVIDUAL (doing business in your legal name) OR INDIVIDUAL WITH ASSUMED NAME ("doing business as" or DBA name)
Proof of business name not required.
Attach a copy of the business certificate obtained from your County Clerk's office.
Attach a copy (front & back) of the owner's valid driver license. If the owner does not have a driver license, attach a copy of one of the following: non-driver ID card, passport or resident alien card.

SECTION A

Last Name First MI Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street) City State ZIP Residence Phone No. (Area Code)
Please Sign Name In Full Driver License/Non Driver ID Number

PARTNERSHIP WITH ASSUMED NAME ("doing business as" or DBA name)
Enclose a copy of the partnership papers obtained from your County Clerk's office. The partnership papers must contain all partners' names and the DBA name.
Complete one section for each partner; if more than three, attach additional pages. Attach a copy of each partner's driver license. If a partner does not have a driver license, attach a copy of one of the following: non-driver ID card, passport or resident alien card.

SECTION B

1. Last Name First MI Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street) City State ZIP Residence Phone No. (Area Code)
Please Sign Name In Full Driver License Number
2. Last Name First MI Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street) City State ZIP Residence Phone No. (Area Code)
Please Sign Name In Full Driver License Number
3. Last Name First MI Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street) City State ZIP Residence Phone No. (Area Code)
Please Sign Name In Full Driver License Number



PART 2 (Ownership) CONTINUED FROM PAGE 1

 CORPORATION (Inc., Corp., Ltd.)

➤ Enclose a copy of the filing receipt issued from the NYS Department of State: **(518) 473-2492 or dos.ny.gov**

 CORPORATION WITH ASSUMED NAME ("doing business as" or DBA name)

➤ Print corporation name below and enclose a copy of the filing receipt with the assumed name issued from the NYS Department of State:
(518) 473-2492 or dos.ny.gov

Corporation Name _____

 LIMITED LIABILITY COMPANY (LLC)

For Inc., Corp., and Ltd., list corporate officers. **President, Secretary and Treasurer are required** (one person may be President, Secretary, and/or Treasurer). List stockholders and percentage of stock (not required for publicly-traded companies). For LLC, list all managing members. Attach additional pages if needed. Attach a copy of each listed person's driver license. (If any listed person does not have a driver license, attach a copy of one of the following: non-driver ID card, passport or resident alien card. (Must include documents to show company is publicly-traded.)

SECTION C	1. Last Name		First	MI	Date of Birth (Month/Day/Year)		
	Title (check all that apply) <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other _____						Percentage of Stock
	Residence Address (Include Number and Street)			City	State	ZIP	Residence Phone No. (Area Code) ()
	Please Sign Name In Full ↓					Driver License Number	
	2. Last Name		First	MI	Date of Birth (Month/Day/Year)		
	Title (check all that apply) <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other _____						Percentage of Stock
	Residence Address (Include Number and Street)			City	State	ZIP	Residence Phone No. (Area Code) ()
	Please Sign Name In Full ↓					Driver License Number	
	3. Last Name		First	MI	Date of Birth (Month/Day/Year)		
	Title (check all that apply) <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Member <input type="checkbox"/> Other _____						Percentage of Stock
	Residence Address (Include Number and Street)			City	State	ZIP	Residence Phone No. (Area Code) ()
	Please Sign Name In Full ↓					Driver License Number	

 EDUCATIONAL FACILITY (School, BOCES)

➤ Print Superintendent's name below. No documents required for proof of business name.

Superintendent (Name and Phone No.) _____

 GOVERNMENT AGENCY (State, County, City)

➤ Print Government Official's name below. No documents required for proof of business name.

Government Official (Name and Phone No.) _____

Please enter information of supervising employee of facility who may be contacted regarding compliance issues.

SECTION D	1. Last Name		First	MI	Date of Birth (Month/Day/Year)		
	Contact Address (Include Number and Street)			City	State	ZIP	Contact Phone No. (Area Code) ()
	Email						
	Please Sign Name In Full ↓					Driver License Number	

FAILING TO ANSWER THE QUESTIONS IN THIS SECTION ACCURATELY MAY RESULT IN THE DENIAL OF YOUR APPLICATION!**PART 3 Complete all sections**

A. Have you, or anyone named in Part 2, or any immediate family member of those named in this application ever held a business license, registration or certification for any of the types below? No Yes If "YES" Check the type(s) below and provide all current and previous facility/certified inspector numbers. *Ⓜ* Attach additional page, if needed.

- | | | | | |
|---|---------------------------------------|---|---|--|
| <input type="checkbox"/> Retail Motor Vehicle Dealer, New | <input type="checkbox"/> Dismantler | <input type="checkbox"/> ATV Dealer | <input type="checkbox"/> Inspection Station | <input type="checkbox"/> Scrap Collector |
| <input type="checkbox"/> Retail Motor Vehicle Dealer, Other | <input type="checkbox"/> Transporter | <input type="checkbox"/> Salvage Pool | <input type="checkbox"/> Qualified Dealer | <input type="checkbox"/> Scrap Processor |
| <input type="checkbox"/> Wholesale Motor Vehicle Dealer | <input type="checkbox"/> Boat Dealer | <input type="checkbox"/> Repair Shop | <input type="checkbox"/> Mobile Car Crusher | <input type="checkbox"/> Certified Inspector |
| <input type="checkbox"/> Itinerant Vehicle Collector | <input type="checkbox"/> Yacht Broker | <input type="checkbox"/> Repair Shop disposing of major component scrap | | |

Current facility/certified inspector numbers: _____

Previous facility/certified inspector numbers: _____

B. 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 any DMV-regulated business and/or any other government-regulated business that had its application, license, registration or certification **denied, suspended or revoked** or have you been found to have engaged in unlicensed, unregistered, or uncertified operation 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. No Yes
If "YES": Specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.

C. 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-issued business license, registration or certification or lack thereof? No Yes
If "YES": Specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.

D. Have you, or any person named in this application, or any immediate family member of those named in this application been convicted of, or forfeited bail for, any misdemeanor or felony at any time? No Yes

If "YES": Name _____ Date of Birth _____

Conviction Date _____ Penalty _____ Court _____

Explain specific nature of offense _____

_____ If you have additional offenses they must be reported on an *Ⓜ* attached sheet.

E. Does anyone else have a financial interest in your business that is not disclosed on this application? No Yes

If "YES": Name _____

F. All applicants, except Inspection Stations and Transporters, **MUST** provide a copy of NYS Department of Taxation and Finance DTF-17A (Certificate of Authority) or your valid NYS issued tax ID number here: _____ **tax.ny.gov or (518) 485-2889**

*Verify your ID is valid at <https://www7b.nystax.gov/TIVL/tivlStart> before submitting.

G. You **MUST** provide your Federal Employer Identification Number: _____.

Do you have any employees? No Yes If "YES", *Ⓜ* attach a copy of proof of Worker's Compensation and Disability Insurance coverage.

PART 4

Place of business: **Own (complete Section A)**

Do you

Lease (complete Sections A and B)
The name on the tax bill or deed must match the Business Name in Part 1.

Sublease (complete Sections A, B and C)
The name on the tax bill or deed does not match the Business Name listed in Part 1

Pending/Lease (complete Sections A and B)

Pending/Sublease (complete Sections A and B)

A. All applicants must complete this section.

Name of Property Owner	Phone No. (Area Code)
	()

Owner Mailing Address (Include Number and Street)

City	State	ZIP
------	-------	-----

Number of Years or Months Owned	Is this property zoned for all of the business type(s) you are applying for? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PLEASE NOTE: If any of the leases will expire in the next six months, *Ⓜ* you must provide a letter from the **owner or lessor** stating the intention to renew that lease. If you do not provide the required information with your application, the application will be **denied**.

B. If you are leasing or subleasing, complete this section.

Print the name the lease is in (Lessee Name)	Phone No. (Area Code)
	()

Business Address	City	State	ZIP	Must Have at Least Six-Month Lease
				Expiration Date

C. If you are subleasing, complete this section.

Print the name the sublease is in (Sublessee Name)	Phone No. (Area Code)
	()

Business Address	City	State	ZIP	Must Have at Least Six-Month Lease -
				Expiration Date



Department of Motor Vehicles

REPAIR SHOP INFORMATION

Complete this section:

1. Check one Repair Shop type: Repair Shop Body Repair Shop (over 50% of work is body repair)
 Drive-in Appraisal Mobile Repair Shop (repair shop on wheels)

2. Does your shop service motor vehicle air conditioning systems? No Yes

If "Yes", you must send, with your application, a copy of Manufacturer's Certificate or a copy of invoice as proof of purchase of motor vehicle refrigerant recycling equipment, as required by Section 398-c of the New York State Vehicle and Traffic Law.

For information about approved equipment visit: <https://www.epa.gov/mvac/technician-and-shop-owner-resources>

3. Repair Shop that disposes vehicular scrap. No Yes

If "Yes", you are certifying as a repair shop that disposes major component parts (including transmissions, engines, noses, frames or bodies). Identify the scrap processors with which you will do business:

Name	Address	Facility Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name	Address	Facility Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name	Address	Facility Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **Zoning Approval:** If you are applying for a Repair Shop or Body Repair Shop registration, *if* you must enclose a certificate of occupancy, a local license, or a letter from your local authority stating that **"you may operate a Motor Vehicle Repair Shop"**. The letter from your local authority must be on its letterhead, be dated (not more than ten years old), and contain the following: the full name and address of your business, type of business, a statement that you may operate a Motor Vehicle Repair Shop at the location identified on your application, and the printed name and title of the official who prepares the letter. **OR** Provide proof that a registered repair shop is or was operating at that location. Provide the previous facility number, and the business name, if known:

Facility Number _____ Business Name _____

REPAIR SHOP REGISTRATION – see VS-145, Repair Shop Requirements.

Your Original Facility Application is nearly complete.

REMEMBER TO INCLUDE THE FEES ASSOCIATED WITH THIS APPLICATION!

When you submit this application, you must submit one check, made payable to the Commissioner of Motor Vehicles.

Check (Application and Business Fees): \$160.00

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 am not a franchisor as defined in Vehicle and Traffic Law §462(8), and all information provided in this application is true. I am, and will continue to be, in compliance with all state and local laws and regulations.

Name	Date of Birth (Month/Day/Year)
Business e-mail address	
Residence Address (Include Number and Street)	City State ZIP
Please Sign Name In Full ▶	Title Date (Month/Day/Year)

PLEASE REVIEW THE REQUIREMENT CHECKLIST(S). YOU MUST MEET ALL REQUIREMENTS TO BE APPROVED.

- ***Have you completed the entire application?***
- ***Have you signed the application?***
- ***Have you included your check(s) or money order(s) for the application and registration/licensing fees?
(NO STARTER CHECKS ACCEPTED)***
- ***Make your check(s) or money order(s) payable to: Commissioner of Motor Vehicles***
- **Return this completed application along with all REQUIRED ATTACHMENTS by mail to:**

Vehicle Safety Services
Application Unit
6 Empire State Plaza, Room 220
Albany NY 12228-0001

If you need assistance, call the Office of Vehicle Safety Application Unit at 518-474-0919.

Forms are available at dmv.ny.gov

THE FOLLOWING PAGE(S) ARE INFORMATIONAL

Please review these to ensure you are meeting all the requirements for your business type(s).

These pages do not need to be submitted with your application.



Department of Motor Vehicles

REPAIR SHOP REQUIREMENTS

Information on Repair Shop Requirements may be found at dmv.ny.gov under “open a repair or body shop” (dmv.ny.gov/repair/open-repair-body-shop), in the DMV Commissioner’s Regulations Part CR-82, and in Vehicle and Traffic Law 398-d.

All requirements listed below must be met or your application will be denied.

1. Proof of business name:
- (a) Corporation or LLC:
- Filing Receipt from NYS Department of State; Percentage of stock ownership for each officer.
- Forms can be obtained through the NYS Department of State, Division of Corporations at 518-473-2492 or at dos.ny.gov.
- (b) Partnership or Individual using an assumed name:
- You must complete, notarize, and file a “Business Certificate of Assumed Name” also known as a DBA with the county clerk where the business is located. You must also provide a phone bill with business name at the business address.
2. Copies of driver licenses or government-issued ID for **all** owners and officers or members.
3. A copy of your New York State Department of Taxation and Finance Certificate of Authority (DTF-17A) or a valid NYS tax ID number. For information, contact NYS Department of Taxation and Finance at 518-485-2889 or tax.ny.gov.
4. Attach the fees indicated on your application via check or money order payable to **Commissioner of Motor Vehicles. Starter checks are not accepted.**
5. Sign and complete the application. Stamped signatures are not accepted.
6. Provide your Federal Employer Identification Number. Do you have employees as defined by Worker’s Compensation (see wcb.ny.gov)? No Yes If “YES”, attach a copy of Worker’s Compensation and Disability Insurance coverage.
7. Proof of Zoning (under 10 years old), from the local municipality allowing an automotive repair business at your location.
8. Certificate of Occupancy is required for Queens, Kings, Richmond, Bronx, New York counties. Must state the exact location of the auto repair business.
9. A manufacturer’s certificate or invoice as proof of an approved motor vehicle refrigerant recycling or recapturing equipment as required by Section 398-c of NYS Vehicle & Traffic Law.
10. Applicants must have a unique and exclusive mailing address, verifiable with USPS, and exclusive use of their mail receptacle.
11. Provide a physical location for a mobile repair shop where the vehicle is parked at night.

