



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

These are the business types that you are applying for. Complete all 6 pages of this form

[X] Repair Shop
repair information is on page 4

[X] Inspection Station
inspection information is on page 5

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

SECTION D

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.

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: <input type="checkbox"/> Own (complete Section A) <i>Ⓜ</i> Attach copy of tax bill or deed.
	<input type="checkbox"/> Lease (complete Sections A and B) <i>Ⓜ</i> Attach copy of your lease <i>The name on the tax bill or deed does not match the Business Name listed in Part 1</i>
	<input type="checkbox"/> Sublease (complete Sections A, B and C) <i>Ⓜ</i> Attach copy of your sublease
	<input type="checkbox"/> Pending/Lease (complete Sections A and B) <i>Ⓜ</i> Attach notarized statement from property owner*
	<input type="checkbox"/> Pending/sublease (complete Sections A and B) <i>Ⓜ</i> Attach notarized statement from property owner*

* Notarized statement from the property owner stating you will have permission to use location to operate your business (i.e. dealers can sell motor vehicles) upon application approval, describing exactly which portions of the building your business will occupy.

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		

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): \$275.00

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.



Information about inspection station requirements may be found at dmv.ny.gov under “open an inspection station” (dmv.ny.gov/inspection/open-inspection-station), in Part 79 of the DMV Commissioner’s Regulations, and Section 303 of the Vehicle and Traffic Law.

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.
2. Copies of driver licenses or government-issued ID for **all** owners and officers or members.
3. Pay the fees indicated on your application. Attach a check or money order payable to: **Commissioner of Motor Vehicles**. **Starter checks are not accepted.**
4. Complete and sign the *Original Facility Application*. **Stamped signatures are not accepted.**
5. If you have employees as defined by Worker’s Compensation (see web.ny.gov), provide proof of Worker’s Compensation and Disability Insurance coverage.
6. **Must** have a repair shop registration at the same location for a public inspection station.
7. **Must** have at least one full-time certified inspector for the groups of vehicles you are inspecting, and you must provide this individual’s name and certified inspector’s certificate number on the application.
8. Dealer inspection stations **must** have a dealer registration with the same name.
9. All private fleet inspection stations must have over 25 vehicles registered in their name, and all government fleet inspection stations **must** have over 5 vehicles registered in their name.
10. **Must** have required space as described in Commissioner’s Regulations Part 79.9.
11. Applicants **must** have a unique and exclusive mailing address, verifiable with USPS, and exclusive use of their mail receptacle.
12. **Must** have on-site safeguards for security documents.
13. Inspection station applicants will be interviewed by a DMV inspector (on-site inspection) before approval, to determine if all requirements are met. At that time the applicant **MUST**:
- (a) Have, or have proof that an order is placed with Opus Inspection Inc. for, the required NYVIP3 testing equipment that can perform all inspection group(s) applied for. For more information or to place an order visit the Opus Inspection Inc. website at nyvip3.com, you may also contact Opus Inspection Inc. by phone at 1-866-OBD-TEST (623-8378).
- (b) Have all necessary tools required by Commissioner’s Regulations Part 79.9(d) to perform inspections in the group(s) applied for.
- (c) Provide proof of internet access for transmission of all inspection data.
- (d) Have the labor rate sign, inspection fee chart(s), and list of inspectors posted (public inspection stations).
- (e) Have the appropriate outdoor sign(s) posted that correspond to the group(s) applied for, as described in Commissioner’s Regulations Part 79.13 (public inspection stations).
- (f) Provide at least one certified inspector’s ID that is certified to inspect all group(s) applied for. (This requirement can be met with more than one certified inspector if needed.)



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.

