New York State Department of Motor Vehicles

REQUEST FOR BUSINESS AMENDMENT/DUPLICATE CERTIFICATE

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.

DUPLICATE CERTIFICATE CUSTOMERS: Complete items 1, 2, 3, 9 and 10 and the "Certification" section at the bottom of page 2. **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.

DOCUMENTATION REQUIREMENTS FOR AMENDMENT CUSTOMERS ONLY

DISMANTLERS: All dismantlers must provide a letter of zoning approval with this request. New York City Only - all "Secondhand Dealer - General", and "Secondhand Dealer - Auto", amendment requests **MUST INCLUDE** a Fire Department permit and an NYC Department of Consumer Affairs License.

<u>Customers making location changes</u>: If you are changing location, complete Form VS-19 ("Statement of Ownership and/or Permission to Use Place of Business") and submit it with this request. **Repair shops** must also provide a Certificate of Occupancy, local license or town letter as proof of zoning approval. If the **new** location was previously registered as a Repair Shop, please tell us the Facility number or Facility name of that shop. This can be used as proof of zoning.

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.

RETURN THIS COMPLETED REQUEST, AND ANY REQUIRED DOCUMENTATION, TO:

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

1.	Req	uested cha	nge:	☐ Duplicate Reason:						
	Pres	ent Facility	Number Present Faci	lity Name		Facility Phone Number				
2.						()				
		Business(es) requesting amendment/duplicate certificate(s) — check all that apply:								
3.		Repair Shop		☐ Dismantler	☐ Itin. Veh. Collector	☐ Salvage Pool	☐ Transporter			
	☐ Inspection Station ☐ Boat Dealer ☐ Scrap Collector ☐ Scrap Processor ☐ Mobile Car Crusher ☐ Oth									
	Business name change to:									
4.			I Maria Addinasa		Lou Autono					
		ness addre er and Street	ess change: New Address	County	Old Address Number and Street		County			
5.				,	Trainsor and subst	County				
	City			State Zip Code	City	State	Zip Code			
				,			·			
	Inspection Stations or Dealers									
6.	a) Change in business type (for example, Fleet to Public, Wholesale to Retail, etc.):									
	To: From:									
b) Change in groups approved for inspection (check the box(es) for the group(s) you want to inspect):										
VEHICLE GROUPS (Weights shows an application of the control of the										
	GROUP (Weights shown are maximum gross weights) 1a All motor vehicles that have a seating capacity under fifteen passengers, and all motor vehicles, except tr									
	motorcycles, that have an MGW under 18,001 pounds. □ 1b All trailers, except semi-trailers, that have an MGW under 18,001 pounds.						pt transfer and			
	_	All motor vehicles that have a seating capacity over fourteen passengers, and all motor vehicles and trailers that have a MGW over 18,000 pounds.								
		☐ 2b	All semi-trailers.							
□ 3 All motorcycles.										
	□ DL Diesel Emissions Testing for all non-exempt vehicles registered in the New York Metropolitan Area.									
	c) If you will perform diesel emissions inspections, print the manufacturer's name and the model number of the testing equipment here									
This information is required in order to process your request. Manufacturer's Name Model Number										
			Manufacturer's Na	ame		wodel Number				
	d) Please provide the name(s) and certification number(s), including expiration date, of your Certified Inspector(s). Use additional sheet if necessary. This information is required in order to process your request.									
	Name				·	Certification Number Expiration D				
										
										

7.	Deletions to Owners, Partners, Corporate Officers and/or Stockho	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	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	Driver License Identification Number	r	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	Driver License Identification Number	Social Security Number						
	Residence Address Apt. No. Residence Phone ()								
8.	Additions to Owners, Partners, Corporate Officers and/or Stockho	lders holding more than 1	0% of stock. Use additiona	al sheet(s) if necessary.					
	(a) Name (First, MI, Last)	Date of Birth	Title	% of Stock or Ownership					
	Please Sign Name in Full	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	Driver License Identification Number	r	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	Driver License Identification Number	r	Social Security Number					
	Residence Address Apt. No. Residence Phone								
9.	a) Have you, or has any person named in this application, ever been an individual owner, partner, interested party, officer, corporation director or stockholder having more than ten percent of the stock in a business for which a DMV license, registration or certification was denied, suspended or revoked in New York State, including matters now on appeal?								
	b) Are you, or is anyone named in this application, scheduled for a hearing which could result in the suspension, revocation or denial of a DMV business license, registration or certification? \square Yes \square No								
	c) If (a) or (b) is "YES", provide name and address of the person(s), business type, date and action taken against the business or reason for the hearing.								
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:								
	Name								
	Court	Nature of Offense							
I certify that I am the owner, partner or officer of the business named in this request form, and that the information contained in it is true.									
NOTE: For partnerships, each partner must sign this form.									
Na	ime (Please Print Full Name)			Business Phone Number					
Sig	gnature (Full Name)	Title		Date					
-	rtner's Signature (Full Name)	Partner's Signature (Full Name)							
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