



USED MOTOR VEHICLE AND PARTS COMMISSION

2401 NW 23rd, Suite 57, Oklahoma City, OK 73107

Phone: (405)521-3600 Fax (405)521-3604

www.usedcarcommission.ok.gov

AUTOMOTIVE DISMANTLER AND PARTS RECYCLER'S LICENSE INSTRUCTION SHEET

Applications for license are presented to the Commission Board for consideration the second Tuesday of each month. The below requirements must be submitted eleven days prior to that meeting. **Applications that are incomplete will be returned and will delay the application process.** All licenses expire December 31st of each odd numbered year (i.e. 2017, 2019 etc.). The license will be issued only after all of the requirements have been met. Submitting an application does **NOT** authorize you to conduct any business as an automotive dismantler.

1. INITIAL APPLICATION

- ❖ The initial application must be completed in full, signed and notarized.
- ❖ The name of the business must reflect the type of business being conducted under this license, i.e., "auto salvage," "salvage," "used parts," etc. Contact our office for approval of the business name **before** submitting the application.

2. **\$600.00 APPLICATION FEE** must be in the form of check, money order or cashier's check and is nonrefundable unless the Commission denies the application. **We do not accept cash or credit cards.**

- ❖ **If you are applying for both the used motor vehicle dealer license and the automotive dismantler license at the same time, the fee is \$400 each. If you are currently licensed as a used motor vehicle dealer, the fee for the dismantler's license is \$200.**

3. **PERSONAL HISTORY QUESTIONNAIRE** must be completed for **all** applicants listed in Section Three of the Application.

4. **OKLAHOMA DRIVER'S LICENSE** must be submitted for **all** applicants listed in Section Three of the Application.

5. FINANCIAL STATEMENT

- ❖ Financial Statements are not public record, but are subject to review and verification. Statements which appear to be incomplete will be returned and may delay consideration of your application.
- ❖ **Corporations** must submit a financial statement on the attached form for the corporation and the majority stockholder.
- ❖ **All other ownership types** must submit a financial statement on the attached form for all owners - sole proprietors / partners / members.

6. CURRENT CERTIFICATE OF INCORPORATION OR LLC, OR A CURRENT CERTIFICATE OF GOOD STANDING

- ❖ If the business is a Corporation, LLC, LP, or LLP you must submit a copy of the Certificate of Incorporation or LLC, **OR** a current Certificate of Good Standing issued by the Oklahoma Secretary of State. You may contact them at (405)521-3911.

7. PHOTOS OF OUTSIDE OF SALES OFFICE, STORAGE YARD, SIGN AND SIGHT PROOF SCREENING

- ❖ The business must be a permanent structure separate and apart from any residence or other business and the facility must have an accessible restroom for the public.
- ❖ The business sign must reflect the name of the business exactly as it appears on the application. The sign must be at least 3 feet by 4 feet in size, permanently mounted with permanent lettering, and visible from the nearest roadway. **Banners are not permitted.**
- ❖ The business must have sight proof fencing or other appropriate screening such as natural objects or planting. Screening must block vehicles and parts from the view of immediately adjacent property.

8. LETTER FROM THE DEPARTMENT OF TRANSPORTATION

- ❖ If your location is within a 1000 feet of a state or federal highway you must submit a letter from the Department of Transportation approving your location.

9. SALES TAX NUMBER ISSUED BY THE OKLAHOMA TAX COMMISSION, SALES TAX DIVISION

10. NATIONAL MOTOR VEHICLE TITLE INFORMATION SYSTEM NUMBER

11. **PERMIT FROM THE DEPARTMENT OF ENVIRONMENTAL QUALITY**

- ❖ The permit must reflect that you are in compliance with DEQ's requirements for your business operation at your location to be licensed. You may contact them at (405)702-6209.

12. **PROOF OF USABLE PHONE**

- ❖ The business phone must be listed with local directory assistance in the business name and address as it appears on the initial application.

13. **INSPECTION AND APPROVAL OF THE LOCATION BY A COMMISSION INVESTIGATOR**

- ❖ A Commission investigator will contact you to schedule an inspection after the Board of Commissioners meet.

FELONY APPLICANTS

Felony applicants must submit copies of the Judgment and Sentencing documents for all convictions and a current OSBI report including all three searches' (Violent Offender, Name Based, and Sex Offender) with their application. Felony applicants are required to make a personal appearance before the Board of Commissioners. All documentation must be in our office BEFORE your appearance will be scheduled. You may contact OSBI at (405)848-6724.



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INITIAL APPLICATION FOR AUTOMOTIVE DISMANTLER AND PARTS RECYCLER'S LICENSE

SECTION ONE: DEALERSHIP INFORMATION

YOU MUST CALL OUR OFFICE FOR APPROVAL OF YOUR BUSINESS NAME

Form with fields for BUSINESS NAME, PHONE, ENTITY NAME (IF ANY), EMAIL, PHYSICAL ADDRESS, CITY, STATE, ZIP CODE, COUNTY, MAILING ADDRESS, CITY, STATE, ZIP CODE.

SECTION TWO: TYPE OF OWNERSHIP

CHECK ONLY ONE

- checkboxes for Sole Proprietor, Partnership, Corporation, Limited Liability Company, Limited Partnership, Limited Liability Partnership

SECTION THREE: OWNERSHIP INFORMATION

COMPLETE THE FOLLOWING SECTION INDICATING ALL PARTIES WITH ANY OWNERSHIP INTEREST IN THE BUSINESS

Table with 3 columns: FULL NAME, PHONE NUMBER, OWNERSHIP %. Includes a row for corporate service agent with NAME and ADDRESS fields.

SECTION FOUR: BACKGROUND INFORMATION

Have any of the applicants listed in Section Four ever been convicted of or pled guilty or "no contest" to a felony? Yes No

SECTION FIVE: GENERAL INFORMATION

5 numbered questions regarding NMVTIS number, property ownership, location residence, dismantling business, and sharing location.

SECTION SIX: ATTESTATION

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made; and that I, as proprietor, partner, member or designated officer of the corporation, have authority to make the statements contained herein. Failure to provide information or material misrepresentation is grounds for denial or subsequent revocation of license or \$1,000.00 fine.

Signature line with fields for Date, Signature, and Title.

State of _____)
Subscribed and sworn to before me this _____ day of _____, _____.
County of _____) ss. _____ Notary Public
My Commission Expires: _____ Commission # _____

PERSONAL HISTORY QUESTIONNAIRE

BUSINESS NAME				
NAME			CONTACT PHONE	
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER
HOME ADDRESS		CITY	STATE	ZIP

GENERAL INFORMATION

1. Have you ever been known by or used any other name(s)? If yes, what names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a U.S. Citizen? If no, please attach a copy of your resident alien card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you presently licensed or have you ever been licensed by this Commission in any capacity? If yes, in what capacity, specify the business name and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been licensed as an automobile dealer or salesperson in any other state? If yes, have you ever been denied or had a license suspended or revoked in any state? If yes, please specify state, date and circumstance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted of or pled guilty or "no contest" to a felony? *Felony applicants must submit copies of the Judgement and Sentencing documents for all convictions and a current OSBI report including all three searches' (Violent Offender, Name Based, and Sex Offender) with their application. Felony applicants are required to make a personal appearance before the Board of Commissioners. All documentation must be in our office BEFORE your appearance will be scheduled. You may contact OSBI at (405)848-6724.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I certify under penalty of perjury that the answers and information contained herein are true and correct. I hereby authorize the Used Motor Vehicle and Parts Commission to make any background investigation necessary prior to the issuance of my license. **Failure to provide information or material misrepresentation is grounds for denial or subsequent revocation of the license or \$1000 fine.**

Date	Signature	Title
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State of _____)
 County of _____) Subscribed and sworn to before me this _____ day of _____, _____.
) ss.

 Notary Public

My Commission Expires: _____

Commission # _____

FINANCIAL STATEMENT

NOTE: All information on this financial statement is **CONFIDENTIAL**. It will not be disclosed to anyone outside this agency.

READ THIS PARAGRAPH BEFORE PROCEEDING:

The Financial Statement you are submitting may determine whether you will be granted a used motor vehicle dealer's license. If you do not list adequate assets to show that you are financially able to successfully operate a business, your application will be denied. A Financial Statement prepared by your accountant is preferred and will improve the ability of the Commission to assess your financial status. If you choose instead to fill out the form below, provide complete information about your assets and liabilities. Provide detailed information as though you were applying for a bank loan. You may wish to add a partner or member to your business entity if your own financial standing is inadequate. The time to consider that is before you apply. You will not be given an opportunity to add assets once your application is submitted.

BUSINESS NAME			
NAME		CONTACT PHONE	
FLOORING/FINANCIAL ORGANIZATION		ADDRESS	
FLOORING/FINANCIAL ORGANIZATION ACCOUNT NUMBER		PERSON(S) AUTHORIZED TO DRAFT/SIGN ON THE ACCOUNT	
LIST BANKS AND ACCOUNT NUMBERS			
ASSETS	AMOUNT	LIABILITIES	AMOUNT
Checking		Notes Payable to Relative/Friends (attach list)	
Savings		Notes Payable to Bank (attach list)	
Floor Plan Credit Line		Accounts and Bills Payable (attach list)	
Cash on Hand		Chattel Mortgages	
Stocks and Bonds (attach list)		Credit Cards Payable	
Notes Receivable (attach list)		Income Tax Payable	
Accounts Receivable (attach list)		Other Unpaid Taxes and Interest	
Real Estate owned (attach list of address & value)		Amounts Payable to others (secured)	
Mortgage & Contracts owned (attach list)		Amounts Payable to others (unsecured)	
Auto: Year Make		Mortgages & Liens on Real Estate	
Auto: Year Make		Court Ordered Payments	
Auto: Year Make		Judgements Outstanding	
Personal Property			
Other Assets (attach list)			
TOTAL ASSETS		TOTAL LIABILITES	
Total Net Worth (Assets minus Liabilities): \$			

MONTHLY INCOME	AMOUNT	CONTIGENT LIABILITES	AMOUNT
Salary		As Guarantor, Endorser and/or Co-Signer	
Salary Source		On Discounted Paper, Leases or Contracts	
Bonus and Commissions		On Surety Bonds	
Dividends		Lawsuit or Other Liabilities (Specify)	
Real estate Income			
Other Income (list amounts and sources)			
TOTAL		TOTAL	

Other Business Interests:

GENERAL INFORMATION

- | | |
|---|--|
| 1. Are any assets pledged or mortgaged other than shown previously on this statement?
If yes, please explain? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has the undersigned been a defendant in any lawsuits or legal actions regarding financial matters within the last five Years?
If yes, please explain? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has the undersigned ever filed bankruptcy?
If yes, give the name(s) it was filed under, where it was filed and what happened. You must attach copies of the documents and court papers. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you solvent in the sense your assets exceed your liabilities and in the sense that you can meet your obligations as they become mature? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CERTIFICATION

I certify that this financial statement represents my true financial status as of this date, and I hereby authorize investigation of my financial records and other sources as necessary for licensing.

DATE	SIGNATURE
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