

INSTRUCTIONS FOR COMPLETING AN ORIGINAL APPLICATION FOR THREE YEAR VEHICLE DEALER CERTIFICATE AS A DEALER OR REBUILDER OF VEHICLES

OFFICE HOURS for Business Licensing Unit, in the Salem DMV Headquarters office, **business hours are** 8:00 a.m. – 4:30 p.m., Monday through Friday except Thursdays 9 a.m. – 4:30 p.m., (closed holidays).

READ ALL PARTS of the application before completing it. Your application will be returned to you if any part is incomplete or missing.

SUBMIT THESE ITEMS TOGETHER:

- ✓ YOUR COMPLETED APPLICATION (Be sure you provide copies of ALL owners, partners, LLC members or corporate officers official photo ID's)
 ✓ PLATE BILLING LIST (Renewal applications only)
- ✓ SURETY BOND (Must show original/wet signature of owner/partner/member)
- ✓ LIABILITY INSURANCE CERTIFICATE
- ✓ EDUCATION CERTIFICATE from a DMV approved provider or a CERTIFICATION OF EXEMPTION (Form 735-370C)
- ✓ FEES (Fees are itemized on the front of the application: use the plate billing list to renew)

LEGAL NAME – If your business is a sole proprietorship, list your full name as the legal name. If your business is a partnership, list the full names of each partner or the partnership name. If your business is an LLC, list the name of the limited liability company (includes "LLC") registered with the Oregon Secretary of State's Business Registry. If your business is a corporation, list the name of the corporation (includes Inc, Corp, etc.) as shown in the Business Registry (name search).

BUSINESS NAME – If using an assumed business name or trade name, list the business name registered with the Oregon Secretary of State's Corporation Division. If you do not know your Oregon Business Registry number(s), locate it in the Business Registry database, or contact Corporation Division at (503) 986-2200. **Similar names NOT permitted.** DMV will NOT issue or renew a certificate where the business name is identical or indistinguishable from an existing dealer name. See OAR 735-150-0027(6).

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) – Provide your FEIN, not your SSN. For more information go to www.IRS.gov.

MAIN BUSINESS LOCATION – Write the address of your primary business location on Line 3. Your vehicles must be sold and displayed for sale at this location. Selling or displaying vehicles at a different location is a violation of ORS 822.040(2) and (3). If you change your business location, you must submit a correction application (Form 735-371) to DMV before you sell or display vehicles for sale at the new location.

MAILING ADDRESS – All mail will go to the address on Line 4, except items which need a UPS-type delivery, such as trip permit and temporary permit books, as well as dealer plates, which will go to the business address on Line 3.

SUPPLEMENTAL LOCATION USING THE SAME BUSINESS NAME – A separate supplemental application (Form 735-372) must be completed for each additional location where you operate your dealer business. You must conduct business at each supplemental location under the same name as the primary location.

TYPE OF OPERATION – Complete all information on Lines 5 through 8.

CITY/COUNTY LOCATION APPROVAL – Take your dealer application to the applicable city or county zoning, planning, or community development office to obtain their approval on Lines 9 through 11. Some cities and counties charge a fee for signing the application. Pursuant to ORS 822.025(6) you must get location approval on your original application.

DMV DEALER LOCATION EXEMPTIONS – Each business location established by a dealer must: (1) have sufficient space to display one or more vehicles of the type the dealer has been issued a certificate to sell; (2) provide a means for the public to contact the dealer or an employee of the dealer at all times during the dealer's normal business hours; (3) display an exterior sign affixed to the land or building that identifies the dealer share; and (4) display, in a publicly conspicuous manner, the vehicle dealer certificate. Any dealer wanting an exemption from the requirements in (1) through (3) must complete a request for location requirement exemption Form 735-7178 (separate from city/county approval). There is no exemption permitted from (4) above.

OWNERSHIP / **APPLICANT'S CERTIFICATION SIGNATURE** – Provide name, residence address, mailing address and signature of owners, partners, LLC members or corporate officers on Page 3, do not list CEOs, Chairs of the Board, General Managers, Directors. **Every** owner listed on the application **must** provide a certifying signature. **Attach copies of ALL owners, partners, LLC members or corporate officers valid government-issued photo ID's to the application.**

MAIL TO:

DMV BUSINESS LICENSING UNIT 1905 LANA AVE NE SALEM OR 97314

Phone: (503) 945-5052 Website: www.oregondmv.com

PRINCIPAL'S DEALER HISTORY - Complete all information in this section.

SURETY BOND – The bond form provided by DMV must be completed, signed and sealed by your bonding company. You must sign the bond, too. The owner name(s), legal and business name and business location **must match the dealer application exactly**.

LIABILITY INSURANCE CERTIFICATION – The liability insurance certification form provided by DMV must be completed, signed and stamped by your insurance company. DMV will also accept an insurance company form furnished by the insurance company as long as it duplicates the DMV form. DMV does **not** accept "**ACORD**" forms or binders. The owner name(s), legal and business name and business location on the insurance certificate **must match the dealer application exactly.**

DEALER EDUCATION -

- Must submit education certificate from an approved provider or submit DMV Certificate of Exemption (Form 735-370C).
- Original Applicant needs 8 hours of education (check www.oregondmv.com Dealers & Businesses page for providers).
- Renewal applicant needs 4 hours of education per year in a licensing period (12 hours continuing education for 3year certificate).
- Must be completed by one of the applicants listed on page 3.

OTHER INFORMATION

CHANGING YOUR BUSINESS NAME – You must file a correction application (Form 735-371) with DMV **before** you conduct dealer business using a new name. The correction application must be signed by an owner and include:

- a rider from your bonding company, and
- a new certificate of insurance from your liability insurance company.
- See correction application (Form 735-371) for fee.

CHANGING YOUR BUSINESS LOCATION – If you move your dealership, you must file a correction application (Form 735-371) with DMV **before** you sell or display at a new location. The correction application must be signed by an owner and include:

- location approval from the applicable city or county,
- a rider from your bonding company, and
- a new certificate of insurance from your liability insurance company.
- See correction application (Form 735-371) for fee.

CHANGING YOUR BUSINESS NAME and LOCATION – You must file a correction application (Form 735-371) with DMV if you change your business name **and** location. The correction application must be signed by an owner and include:

- a rider from your bonding company, and
- a new certificate of insurance from your liability insurance company.

OTHER CHANGES – You must file a correction application (Form 735-371) with DMV if you add or remove a partner, LLC member or corporate officer or change your ownership structure (e.g., individual to partners, partners to corporation, LLC to corporation). The correction application must be signed by an owner (including all new owners being added or removed) and include:

• See correction application (Form 735-371) for fee.

SUPPLEMENTAL CERTIFICATE – You need a supplemental business certificate for each additional location where you conduct dealer business. The supplemental location **must** use the same business name as the primary location. A supplemental application must be filed with DMV **before** you conduct dealer business at the additional location. The supplemental application (Form 735-372) must be signed by an owner and include:

- location approval from the city or county, and
- See application for fees.

DEALER PLATES – Dealer plates may **only** be used on vehicles owned or in sales inventory by the dealer, and in actual use by the dealer, members of the dealer's firm, any salesperson thereof or any person authorized by the dealer. Dealer plates may not be used on vehicles operated for commercial purposes.

- To report a missing plate, submit information to: DMV Business Licensing Unit at 1905 Lana Ave NE, Salem OR 97314, or email dmvinsert@odot.oregon.gov. Specify the alpha numeric character of the missing plate (e.g., DA123A).
- To purchase additional plate(s), submit Form 735-6938 and fee to: DMV Business Licensing Unit, 1905 Lana Ave NE, Salem OR 97314.

If you have any questions please contact Business Licensing Unit at (503) 945-5052

	APPLICATION FOR THREE YEAR VEHICLE DEALER CERTIFICATE AS A DEALER OR REBUILDER OF VEHICLES									
	DRIVER AND MOTOR VEHICLE SERVICES 1905 LANA AVE NE, SALEM OREGON 97314 CUSTOMER NUMBER			EALER O		DER OF V	EHICLES			
	If this is a renewal, d					>	CERTIFICAT	E FEE		
		attached billing list to calculate your fees. The billing with your renewal application.				tted O	LATE FEE			
		ncludes one plate)			\$ 1,188	F	SUPPLEME	NTALS		
	Additional Locations	@\$350.0	0		\$	C	RENEWAL F	PLATES		
	(Supplemental Applica location)	tion Form 735-372 requ	ired to	or each	\$	U	ADDITIONAL	_ PLATES		
	Additional plates 12"	x 6" or 7" x 4"	@	\$55.00	+	S E	TOTAL	\$		
	(Two sizes, standard and sr	nall, available)		TOTAL	=\$		TEMPORAR	Y PLATES		
	BUSINESS NAME	AND ADDRESS	Any a	Iteration o						
1	LEGAL NAME OF APPLICANT (O	WNER, PARTNERSHIP, LLC OR CORPO	DRATION I	NAME)	FEDERAL	ID NUMBER (F	EIN) OREGO	ON REGIST	FRY # (IF LLC OR CORPORATION	
-	BUSINESS NAME (IF ASSUMED E	3USINESS NAME, FILL IN REGIS	TRY NO	l.)		OREGON REG	ISTRY NO.	BUSINE	ESS TELEPHONE	
2				CITY		ZIP C		COUNT	N.	
3	MAIN BUSINESS LOCATION (STF	LEET AND NOMBER		CITY		ZIP C	ODE	COUNT	Y	
4	MAILING ADDRESS			CITY		STAT	E ZIP CODE	EMAIL		
-	TYPE OF OPERA	TION						If corpo	pration, list the state under	
5	CHECK ORGANIZATION			Partnersh	ip I		orporatio	which b	ousiness is incorporated:	
6	I / we primarily sell:	New Vehicles	·	Used Vel	nicles					
7	I / we are a franchise	dealer:		Yes	No If "Y	/es," name	e the make	es 🕨		
8	I / we sell NEW RECR	EATIONAL VEHICLES	:	Yes	No					
	IF "YES," SERVICE FACILITY LO	CATION (STREET AND NUMBE	R)	CITY				ZIP COI	DE	
	LOCATION APPROVAL (If renewal, required only if dealer is changing business location)									
		ng. ORS 822.005 requires	-	-				-	2.015, for any person	
	who: (a) Buys, sells, brok	ers, trades or exchanges v	/ehicles	s either out	riaht or by r	means of an	v conditiona	al sale, ba	ailment, lease.	
	security interest,	, consignment or otherwise	; OR				,			
	(c) Acts as any type	or used vehicle, trailer, or s e of agent for the owner of				r acts as any	/ type of ag	ent for a	person interested	
		cle to buy a vehicle. ELOW IS TO BE COMPLE			CAL ZONI		∆I The an	nroval he	elow should be based	
	upon whether the applica	int can do ANY of the act	vities I	listed in (a)	through (c) above und	ler applicat			
		Line 3. Pursuant to ORS 82							ad an this configurat	
		risdiction where this business is inances of the jurisdiction pursua			y signature th	hat the location	of this busine	ess as state	ed on this application	
9	CITY OF:		COL	JNTY OF:			TELEPI	HONE NUM	IBER	
	PRINT NAME						TITLE)		
10	SIGNATURE						DATE			
11	X									
						Place sta	amp or	seal F	nere \bigtriangledown	
	Check box if r	estrictions on the location	n							
	approval are i	n an attached letter from								
	the zoning aut	hority.								

	BUSINESS LOCATION INFORMATION:									
12	Property is (check one): OWNED If property is "Leased / Rented" complete the following] LEASED / REN :	TED:	LEASE O	R RENTAI	L PERIOD: _				
13	PROPERTY OWNER'S FULL NAME (As shown on County Property Records)				TELEPHO					
14	PROPERTY OWNER'S MAILING ADDRESS	CITY	STATE			J ZIP CODE				
	 (Be sure to attach a separate sheet to show addition List the primary owner, partners, LLC members If a member of a limited liability company (LLC) If a partner of a partnership is a corporation, the If corporation or LLC, the Oregon registered ag 	or corporate offic is a corporation, e president must p	the pres provide i	nformati	on below	Ι.	tion below.			
15	OREGON REGISTERED AGENT NAME									
16	OREGON REGISTERED AGENT MAILING ADDRESS		CITY		() STAT	E ZIP CODE			
 17	OREGON REGISTERED AGENT STREET ADDRESS		CITY			STAT	E ZIP CODE			
	PRINCIPAL'S DEALER HISTORY					I				
	 includes all owners, partners, members, corporate officers, or directors. Please provide the following information about all owners listed on this application and other principal(s) of t business: Has any principal of this dealership been financially or operationally involved in any jurisdiction, including Oregon with a vehicle dealership whose certificate or right to apply for a certificate was revoked or is currently suspended? 									
	NO YES, revoked or is currently su	•	•	plete S	ection 1	9.				
19	NAME OF DEALERSHIP	PRINCIPAL'S NAME(S)							
-	DEALER CERTIFICATE NUMBER STATE WHERE SUSPENDED / REVOK	ED DATE OF SUSPENSI	ON / REVO	CATION	EXPIRATI	ON OF SUSP	ENSION			
	Has any applicant ever been an owner or principal of NO YES: If "YES," complete Section	on 21.		te in Ore	egon (exc	luding curre	nt application)?			
21	NAME OF DEALERSHIP	PRINCIPAL'S NAME	(S)							
	DEALER CERTIFICATE NUMBER									
•	OWNER INFORMATION AND CERTIFICAT	ION								
	 OWNER INFORMATION AND CERTIFICATION False certification is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$2,500 or both. In addition, civil penalties and DMV sanctions against you or your dealer certificate may be imposed. With this in mind I CERTIFY I am an owner, a partner, limited liability company member or corporate officer of this dealership and my name is listed on this application. ALL information on this application is accurate and complete. I deal in vehicles and conduct business at the location given on Line 3 of this application. The dealership will comply with all applicable laws and administrative rules. I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this certificate. 									

DMV AGENT AGREEMENT

The dealer is granted the following options as a DMV agent and must comply with all applicable laws and administrative rules. The dealer is not obligated to perform any of these options except as required by law. ***Snowmobile dealers must act as DMV agents for Oregon residents.**

- *Accept applications and fees for titles and registrations of vehicles they sell, and only charge fee amounts set by Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR).
- Perform vehicle identification number inspections on vehicles they sell, except a dealer may not perform an inspection under those situations described in OAR 735-022-0070(6)(A-G).
- Issue temporary registration permits for unregistered vehicles they sell.
- Agent status can be placed on probation, suspension or revoked as allowed in OAR 735-150-0120 for non-compliance of any ORS of the Oregon Vehicle Code.
- By signing this application on Page 3, the dealer becomes an agent of DMV and agrees to comply with all administrative rules and all dealer related statutes in the Oregon Vehicle Code.

OWNERSHIP INFO	RMATION						
PRINT NAME OF OWNER, PARTNE	TITLE		TELEPHONE NUMBER				
DATE OF BIRTH	E OF BIRTH DRIVER LICENSE NUMBER		STATE OF ISSUANCE	EMAIL			
RESIDENCE ADDRESS			CITY	1	STATE	ZIP CODE	
AILING ADDRESS (IF DIFFEREN	Γ)		CITY		STATE	ZIP CODE	
CERTIFYING SIGNATURE OF OWN		DATE					
	ER, LLC MEMBER OR CORPORATE OFFICER	TITLE		TELEPHONE NU	JMBER		
	,			()			
DATE OF BIRTH	DRIVER LICENSE NUMBER	I	STATE OF ISSUANCE	EMAIL			
RESIDENCE ADDRESS			CITY	1	STATE	ZIP CODE	
AILING ADDRESS (IF DIFFEREN	Γ)		CITY		STATE	ZIP CODE	
ERTIFYING SIGNATURE OF OWN	IER SHOWN ON LINE 27 ABOVE			DATE		<u> </u>	
	ER, LLC MEMBER OR CORPORATE OFFICER	TITLE		TELEPHONE NU			
				()			
DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE OF ISSUANCE	EMAIL			
RESIDENCE ADDRESS			CITY		STATE	ZIP CODE	
AILING ADDRESS (IF DIFFEREN	Γ)		CITY		STATE	ZIP CODE	
CERTIFYING SIGNATURE OF OWN	IER SHOWN ON LINE 32 ABOVE			DATE		<u></u>	
		-					
PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER		TITLE		TELEPHONE NUMBER			
DATE OF BIRTH	DRIVER LICENSE NUMBER		STATE OF ISSUANCE	EMAIL			
RESIDENCE ADDRESS	1		CITY	1	STATE	ZIP CODE	
AILING ADDRESS (IF DIFFEREN	Γ)		CITY		STATE	ZIP CODE	
CERTIFYING SIGNATURE OF OWN	IER SHOWN ON LINE 37 ABOVE		1	DATE		1	
735-370 (1-24)	Page 3		er for Photo ID)				

42 Please attach copies of ALL owners, partners, LLC members or corporate officers valid government photo ID's. If the residence address on the photo ID is different than the residence address listed on Page 3, submit a statement explaining why the addresses do not match.

Copy must be legible.

Submit **fees** and these items to DMV **together**:

- Application (Form 735-370)
- Bond (Form 735-370B)
- Certification of Liability Insurance (Form 735-370B) or Certification of Exemption (Form 735-7024)
- Billing List (renewals only)
- Supplemental Application (if more than one location) (Form 735-372)
- Certificate of education completion or Certification of Exemption from Dealer Education Requirements (Form 735-370C).
- Request for DMV location requirement exemption if applicable.
- Copies of **ALL** owners, partners, LLC members or corporate officers valid governmentissued photo ID's.

To: DMV Business Licensing Unit	Phone: (503) 945-5052
1905 Lana Ave NE	Business office hours are: 8:00 a.m. – 4:30 p.m. Monday –
Salem OR 97314	Friday, except for Thursdays 9 a.m. – 4:30 p.m., (closed holidays).

SURETY BO	
NOTE: TO BE COMPLETED BY BONDING COMP	
DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLE SERVICES 1905 LANA AVE NE, SALEM OREGON 97314	
LET IT BE KNOWN:	
THAT	RTNERS OR MEMBERS, OR NAME OF CORPORATION)
DOING BUSINESS AS	GIVEN ON THE CERTIFICATE APPLICATION)
	(STREET ADDRESS, CITY, STATE, ZIP CODE)
WITH ADDITIONAL PLACES OF BUSINESS AT	(STREET ADDRESS, CITY, STATE, ZIP CODE)
	(STREET ADDRESS, CITY, STATE, ZIP CODE)
AS PRINCIPAL(S), AND	(SURETY NAME)
(ADDRESS, CITY, STATE, ZIP CODE)	
	(TELEPHONE NUMBER)
A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE BOUND TO THE STATE OF OREGON IN THE PENAL SUM OF \$50,000 FOF PAYMENT OF WHICH THE PRINCIPAL(S) AND SURETY JOINTLY AND SI SUCCESSORS, AND ASSIGNS. THE MAXIMUM AMOUNT PAYABLE UNDER OTHER THAN RETAIL CUSTOMERS OF THE VEHICLE IS \$10,000. WHEREAS, THE PRINCIPAL(S) IS APPLYING FOR A VEHICLE DEALER CERT TRANSPORTATION; THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS AS A DEALEF SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT RI OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND 822.030(1)(a). THIS BOND SHALL BECOME EFFECTIVE AS OF THE DATE THE PRINCIPAL THE OREGON DEPARTMENT OF TRANSPORTATION. THIS BOND SHALL I EFFECT FOR THE ENTIRE PERIOD FOR WHICH CERTIFICATE, UNTIL SOONER CANCELS THE BOND. THIS BOND MAY BE CANCELED BY CANCELLATION TO THE DRIVER AND MOTOR VEHICLE SERVICES TRANSPORTATION. THIS BOND SHALL BE ONE CONTINUING OBLIGATION AND THE LIABII AMOUNT OF THE PENALTY OF THIS BOND REGARDLESS OF WHETHER TH IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PERIOD, IRRESPECTIV	OF OREGON, AS SURETY, ARE HELD AND FIRMLY REACH YEAR THE CERTIFICATE IS VALID, FOR THE EVERALLY BIND THEMSELVES, THEIR RESPECTIVE THE BOND FOR PAYMENT OF CLAIMS BY PERSONS TIFICATE ISSUED BY THE OREGON DEPARTMENT OF NAMED PRINCIPAL(S) IS ISSUED A VEHICLE DEALER ROR REBUILDER OF VEHICLES, SAID PRINCIPAL(S) EPRESENTATION, AND WITHOUT VIOLATION OF ANY ORS 822.030(2), THEN AND IN THAT EVENT THIS DEFFECT UNLESS CANCELLED PURSUANT TO ORS L(S) IS ISSUED A VEHICLE DEALER CERTIFICATE BY BE DEEMED CONTINUOUS IN FORM AND REMAIN IN VIED AND FOR EACH SUCCEEDING CERTIFICATION DEPLETED BY CLAIMS PAID, UNLESS THE SURETY THE SURETY GIVING WRITTEN NOTICE OF SUCH DIVISION OF THE OREGON DEPARTMENT OF LITY OF THE SURETY SHALL BE LIMITED TO THE HIS BOND IS RENEWED OR OTHERWISE CONTINUED
THIS BOND IS EFFECTIVE	THIS BOND YE EACH EXECUTED THIS BOND BY ITS AUTHORIZED
REPRESENTATIVE(S) AND HAVE AFFIXED THE SURETY CORPORATE SEA	L HEREUNTO
THIS DAY OF , (MONTH)	(YEAR) ·
SIGNATURE (OWNER/PARTNER/MEMBER OR CORPORATE OFFICER)	TITLE
SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)	TITLE
X	
SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION	PLACE SURETY SEAL BELOW
IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT: NAME TELEPHONE NUMBER	
ADDRESS	
CITY, STATE, ZIP CODE	

CERTIFICATE O TO BE COMPLETED BY INSURANCE COMPAN	OF INS	URANCE ENSED TO D	O BUSINESS IN	OREGON		
INSURANCE POLICY NUMBER (BINDER NOT ACCEPTABLE)			EFFECTIVE DATE	EXPIRATION DATE		
INSURANCE COMPANY NAME AND ADDRESS (NOT AGENT)				ANY PHONE NUMBER		
AGENT NAME AND ADDRESS	CITY, STATE, ZIF	P CODE				
THIS POLICY IS ISSUED TO (REGISTERED BUSINESS NAME OF DEALER, PARTNERS, OR CORPORAT	TION NAME)	BUSINESS NAMI	E OF DEALERSHIP (DB	A)		
DEALERSHIP ADDRESS			DEALER NUMBER			
I CERTIFY THAT THE FOLLOWING IS TRUE AND CO and provides liability limits of coverage required under O type described in ORS 806.040; covers all motor vehicl by, or under the control of the named insured; covers a use or operate motor vehicles manufactured, owned or m the insurer shall give written notice of any cancellation insurer shall continue to be liable under the policy und cancellation date specified in the notice, whichever is late It is a crime under ORS 162.085 to certify the truth of a st	ORS 80 les man all perso naintain on of th til DMV er.	6.070; provid nufactured, ov ons who, with ed by, or unden ne policy to b receives the	es for payment of vned, operated, it the consent of t er the control of, DMV Business I e notice of cance	of judgments of the used or maintained the named insured, the named insured; Licensing Unit; the ellation or until the		
Class B misdemeanor and is punishable by a jail sentenc		to six months	, a fine of up to \$			
SUPPLEMENTAL DEALERSHIP ADDRESS		CITY, STATE, ZIF	CODE			
SUPPLEMENTAL DEALERSHIP ADDRESS		CITY, STATE, ZIF	° CODE			
PRINT NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	TELEP	HONE NUMBER		DATE		
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE	INSUR	ER'S ADDRESS S	TAMP OR SEAL (If no si	tamp attach a business card)		
DEALER LIABILI	ΤΥΙ	NSUR	ANCE			
General In	forma	ation				
WHAT IS NEEDED: ORS 822.033 requires a dealer dealership. A Certificate of Insurance must be filed with t a new or renewal business certificate, or when the certificate	the Bus	iness Licensi	ng Unit each time	e a dealer applies for		
AMOUNTS OF COVERAGE: ORS 806.070 requires the ORS 806.040 requires the policy to provide for the payment			coverage in spe	ecific amounts and		
ADDITIONAL STIPULATIONS: ORS 822.033 requires th	hat the c	coverage prov	ide each of the fo	ollowing:		
 The policy must cover ALL MOTOR VEHICLES monunder the control of the named insured. 	nanufac	tured, owned	, operated, used	or maintained by,		
 The policy must cover ALL PERSONS who, with the vehicles manufactured, owned or maintained by, 						
• The insurer must give written notice of ANY CAN	CELLAT	FION of the po	olicy to the Busin	ess Licensing Unit.		
 The insurer shall CONTINUE TO BE LIABLE und the notice of cancellation or until the cancellation (Note: This means that even if the policy expires until the Business Licensing Unit receives a notice 	date sp and is r	ecified in the not renewed, t	notice, whicheve	r is later.		
TERM OF COVERAGE: The dealer must maintain their business certificate. If the policy lapses for an Insurance providing continuous coverage with the Busines	ny reas	on, the dea				
EXEMPTION: ORS 822.033(3) states a dealer is exemption they deal exclusively in certain types of vehicles. To						

Exemption, Form 735-7024. To request a Form 735-7024, call DMV Business Licensing Unit at (503) 945-5052.

All Certificates of Exemption are subject to approval upon review by the Business Licensing Unit.



EDUCATION REQUIREMENTS CERTIFICATION OF EXEMPTION

		DEALER NUMBER	EXPIRATION DATE							
INSTRUCTIONS:										
 Renewal applications may qualify for an exemption from dealer education. All certificates of exemption are reviewed by DMV for acceptability. 										
 This form must be submitted with an Application for a Dealer Business Certificate. 										
• This form must be completed by an owner, partner, LLC member or corporate officer of the dealership.										
 Mark the box below to show the type of exemption sought. 	 Mark the box below to show the type of exemption sought. 									
 Read and sign the certification statement at the bottom of this f 	orm.									
 Submit this exemption along with your application for a dealer of Business Licensing Unit, 1905 Lana Avenue NE, Salem O 		ephone: (503) 945	-5052.							
BUSINESS NAME OF DEALERSHIP										
MAIN BUSINESS LOCATION	CITY		ZIP CODE							
 The education requirements do not apply to an applicant for a vehicle dealer certificate under ORS 822.020 or 822.040 if the applicant is one of the dealers listed below and have a current or is renewing a dealer certificate. I understand that if I sell or otherwise act as a vehicle dealer regarding any type of vehicle other than those listed below, I must file the appropriate certificate of education* with the DMV Business Licensing Unit: * Note: All original applications (including franchises) require a preliminary 8 hour dealer education certificate unless an applicant has a certificate with a currently certified Oregon dealer. A franchised dealer in Oregon for nationally advertised new vehicles. A franchised dealer in Oregon for nationally advertised new recreational vehicles. A vehicle rental company with a nationally advertised franchise under the ownership of a corporation that operates nationwide. A national auction company that holds dealer and dismantler certifications and sells totaled vehicles. Applicant for original certificate holds a precertification education certificate from a current, certified Oregon dealer. 										
CERTIFICATION False statement is a Class B misdemeanor under ORS 16 jail, a fine of up to \$2,500, or both. In addition, civil pena against you or your dealer certificate may be imposed. With these penalties in mind, I CERTIFY I am an owner, of this dealership and all information on this Certificate of Exercise	lties of up partner, Ll	to \$1,000 and C member or	DMV sanctions							
	TITLE									
SIGNATURE OF CERTIFYING OWNER / PARTNER / CORPORATE OFFICER / LLC MEMBER	DATE									



LIABILITY INSURANCE CERTIFICATION OF EXEMPTION

		DEALER NUMBER	EXPIRATION DATE							
INSTRUCTIONS:	I		<u> </u>							
 You may qualify for an exemption from liability insurance if you deal exclusively in certain types of vehicles. All certificates of exemption are reviewed by DMV for acceptability. 										
• This form must be submitted with an Application for a Dealer Business Certificate.										
• This form must be completed by an owner, partner, LLC member of	• This form must be completed by an owner, partner, LLC member or corporate officer of the dealership.									
 Mark the box to show the type of vehicle you sell exclusively. Deal if you sell antique vehicles. 	er plates w	vill not be issued to	o you							
 Read and sign the certification statement at the bottom of this form 	۱.									
 Submit this exemption along with your application for a dealer certi Business Licensing Unit, 1905 Lana Avenue NE, Salem OR 97 		none: (503) 945-508	52.							
BUSINESS NAME OF DEALERSHIP										
MAIN BUSINESS LOCATION CIT	Ϋ́		ZIP CODE							
This business deals exclusively in the vehicle types which I is sell or otherwise act as a vehicle dealer regarding any type or must file a Certificate of Insurance with the Business Licensing	of vehicle Unit.	other than thos	e listed below, I							
Antique motor vehicles which have been issued permaner	nt registra	tion under ORS	805.010							
Class I or Class III all terrain vehicles (ATVs) Snowmobiles										
Trailers (utility, horse, boat)										
Campers and Travel Trailers										
CERTIFICATION										
False certificate of exemption from liability insurance is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$2,500, or both. In addition, a civil penalty of up to \$1,000 and DMV sanctions against you or your dealer certificate may be imposed.										
With these penalties in mind, I CERTIFY I am an owner, partner, LLC member or corporate officer of this dealership and all information on this Certificate of Exemption is true and correct.										
PRINT NAME OF CERTIFYING OWNER/PARTNER/CORPORATE OFFICER	LE									
SIGNATURE OF CERTIFYING OWNER/PARTNER/CORPORATE OFFICER DAT	TE									



REQUEST FOR DMV LOCATION REQUIREMENT EXEMPTION (OAR 735-150-0030)

DEALER CERTIFICATE #

EXPIRATION DATE

INSTRUCTIONS (DEALER PLEASE READ)

Pursuant to OAR 735-150-0030 (2), DMV is only authorized to grant exemptions for restrictions based on ordinance or zoning requirements. All other requests will be denied.

Complete (print or type) and submit to: Business Regulation, 1905 Lana Ave NE, Salem OR 97314.

A DMV Investigator or manager will review your request. A signed copy of the request will be returned to you. An approved request must be kept at your business location. Failure to do so may subject you to a civil penalty or administrative sanction.

Approved exemptions are valid only for the dealer certificate number and location listed. A new exemption must be applied for if there is a change in name, address or dealer certificate number.

SECTIO	ON 1 – NAME AND LO	CATI	ON OF DE/	ALER BU	SINES	S	
DEALER CERTIFICATE #	EMAIL ADDRESS						
NAME OF DEALERSHIP							
STREET ADDRESS (BUSINESS LOCATION)							
	i i						
CITY		STATE	ZIP CODE		COUNTY		
	SECTION 2	2 – EX					
Any dealer wanting an exer				n (a) throu	ah (c)	below MUS	C check
the appropriate box(es) belo							
	emption from the requir		• •				
a) Have sufficient sp certificate to sell.	ace to display one or mo	re vehi	cles of the ty	ype the de	aler ha	is been issue	:d a
b) Provide a means the dealer's norm	for the public to contact tl al business hours.	he dea	ler or an em	ployee of t	the dea	aler at all time	es during
	n exterior sign permanent name shown on the deal				ing whi	ch identifies	the
NOTE: You MUST attach to specifically and clearly show					ate zon	ing authority	which
	SIG	NATU	RE				
I certify that I am an owner, that Oregon Administrative F conditions listed above. How meet the requirements. Cop attached. I hereby request th	Rules require a dealer bu vever, the business locati ies of city or county ordin	siness on of t ances	location to c he dealershi or zoning re	comply with p, as show	n each /n in Se	of the three ection1, is ur	able to
NOTE: This exemption does Violation of zoning laws/rest						estrictions or	laws.
PRINTED NAME OF PERSON SIGNING THIS	FORM				TITLE		
SIGNATURE					DATE		
X							
	(DMV			Denied	\ _ _\ [Annexed	Denied
Request in Section 2: a)			Approved			Approved	
(Investigator to check all applic PRINTED NAME OF INVESTIGATOR / MANA	/ 11	ine dea	ier must com	ply with rea	TITLE	e alternatives	(attached).
FINITED NAME OF INVESTIGATOR / MANA	GLIN				IIILE		
INVESTIGATOR'S / MANAGER'S SIGNATUR	E				DATE		

735-7178 (12-20)