

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)

MAIL TO:

DMV BUSINESS LICENSING UNIT 1905 LANA AVE NE SALEM OR 97314

Phone: (503) 945-5052

Website: www.oregondmv.com

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 dealership by the name; 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.

735-370A (1-24) (Continued on back...)

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

	CUSTOMER NUMBER	EFFECTIVE DATE	EXPIRA	ATION DAT	E	DEALER NUI	/IBER				RIGINAL ENEWAL
	If this is a renewal, do	not complete the fee	infori	nation.	Use the						
	attached billing list to cald with your renewal applica		billing	list MUS	ST be su	bmitted	O F	LATE FEE			
	Original Certificate (Inc				. \$1.	188.00	F	SUPPLEMENTALS			
	Additional Locations _	@\$350.0	0				C E				
	(Supplemental Application Form 735-372 required for each location) \$						U				
	Additional plates 12" x 6" or 7" x 4"@\$5				<u> </u>						
	(Two sizes, standard and sma	all, available)		TOTA	L = \$		 	TEMPORARY	PLATES		
	BUSINESS NAME A LEGAL NAME OF APPLICANT (OWN									DV # /IE	LLC OR CORPORATION)
1	LEGAL NAME OF AFFEIDANT (OWN	EII, I AITINEIIOIIII , LEO OITOOTII (JIATION	valvic)	FEBE	HAL ID NOM	JEN (I I	IN) OREGON	i nedi31	n i # (II	LLC ON CONFORMION)
2	BUSINESS NAME (IF ASSUMED BUS	SINESS NAME, FILL IN REGIS	TRY NO	.)	•	OREGO	N REGI	STRY NO.	BUSINE	SS TEL	EPHONE
3	MAIN BUSINESS LOCATION (STREE	ET AND NUMBER)		CITY			ZIP C	ODE	COUNTY	Y	
	MAILING ADDRESS			CITY			STATI	E ZIP CODE	EMAIL		
4	TYPE OF OPERATI	ION .							If corpor	ration li	st the state under
5	CHECK ORGANIZATION TY			Partner	shin	LLC		orporation	which b	,	is incorporated:
6	I / we primarily sell:	New Vehicles	_=	Used V				or porumon			
7	I / we are a franchise de			Yes		f "Yes." r	name	the makes	· >		
8	I / we sell NEW RECREA		<u> </u>	Yes	No						
٥	IF "YES," SERVICE FACILITY LOCA			CITY					ZIP COD)E	
	LOCATION APPRO	VAI (If renewal	ro quiro	d only if	dooloria	ohonging	, buoi	noon loontid	<u> </u>		
	LOCATION APPRO Certification of local zoning									2.015.	for any person
	who:	rs, trades or exchanges									
	security interest, c	onsignment or otherwise	; OR		_	by means	OI ally	Conditional	sale, ba	IIIIIIEII	i, icase,
		used vehicle, trailer, or soft agent for the owner of				le or acts a	as any	type of age	nt for a	persor	n interested
	in buying a vehicle	to buy a vehicle.					•			•	
	THE CERTIFICATION BEL upon whether the applicant	can do ANY of the act	ivities I	isted in (a) throug	h (c) abov	e und	er applicable			
	of the business given on Lin					·					
	As the zoning official for the jurisc complies with any land use ordina					ire that the lo	cation				is application
9	CITY OF:		COU	INTY OF	÷:			TELEPHO	NE NUM	BER	
0	PRINT NAME							TITLE			
	SIGNATURE							DATE			
1	X										
					\bigvee	Place	e sta	amp or s	eal h	ere	$\overline{\nabla}$
	Check box if res	strictions on the location	on								
		an attached letter fron	า								
	the zoning autho	oniy.									
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	BUSINESS LOCATION	INFORMATIC	N:						
2	Property is (check one	e): OWNED) [LEASED / REN	TED:	LEASE O	R RENTAL	PERIOD:	
	If property is "Leased / Rente	d" complete the fo	llowing:						
3	PROPERTY OWNER'S FULL NAME (As sho	own on County Property Reco	rds)				TELEPHOI	NE NUMBER	
4	PROPERTY OWNER'S MAILING ADDRESS	S	(CITY		STATE		ZIP CODE	
	(Be sure to attach a separa			•					
	List the primary owner,If a member of a limited	•		•		idont m	ist provid	la informatio	an halaw
	If a partner of a partner		,	·	-		•		on below.
	If corporation or LLC, t								
	ODEOON DEGICTEDED ACENT NAME					·	T		
5	OREGON REGISTERED AGENT NAME						(NE NUMBER	
ô	OREGON REGISTERED AGENT MAILING	ADDRESS			CITY		1.	STATE	ZIP CODE
7	OREGON REGISTERED AGENT STREET	ADDRESS			CITY			STATE	ZIP CODE
	PRINCIPAL'S DEALER	HISTORY							
	Information on the principals Administrative Rule (OAR) 7		is requ	ested under Oreg	jon Rev	ised Sta	tutes (OF	RS) 822.035	and Oregon
OAR 735-150-0010(28) defines the principal of a dealership as "an owner, partner, corporate officer or other person							er person who		
	controls or manages the bus	siness organizatio	n or em	ployees or agent	s of the				
	includes all owners, partners Please provide the following	•				annliaat	ion and	othar pripa	inal(a) of the
	business:	ng momation a	Dout a	i owners listed (יייוו וווכ	аррпсас	ion and	other princ	ipai(s) of the
	Has any principal of this dewenth a vehicle dealership wh								
	NO YES, rev	voked or is curre	ently su	spended. If "YE	S," con	nplete S	ection 19	9.	
)	NAME OF DEALERSHIP			PRINCIPAL'S NAME(S)				
	DEALER CERTIFICATE NUMBER	STATE WHERE SUSPENDE	D / REVOKE	D DATE OF SUSPENSI	ON / REVO	CATION	EXPIRATION	ON OF SUSPEN	SION
	Has any applicant ever been	n an owner or prin	cipal on	a vehicle dealer	certifica	ate in Ore	egon (exc	luding current	application)?
	NO YES: If '	"YES," complete	Sectio	n 21.					,
	NAME OF DEALERSHIP			PRINCIPAL'S NAME	(S)				
	DEALER CERTIFICATE NUMBER								
	OWNER INFORMATION	N AND CEPTII	FICAT	ION					
	False certification is a Class				is nuni	shahle h	v six mor	nthe in iail a	a fine of up to
	\$2,500 or both. In addition, With this in mind								
	I CERTIFY								
	 I am an owner, a partner listed on this application 	n.			rporate	officer of	f this dea	lership and	my name is
	ALL information on thisI deal in vehicles and co				ine 3 of	thic onn	lication		
	The dealership will com						ncation.		
	I/we hereby certify that						e alter e	go, in the pl	ace of, or on

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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.

PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER		TITLE		TELEPHONE NU	UMBER	
ATE OF BIRTH	DRIVER LICENSE NUMBER		STATE OF ISSUANCE	EMAIL		
ESIDENCE ADDRESS			CITY	I	STATE	ZIP CODE
AILING ADDRESS (IF DIFFE	RENT)		CITY		STATE	ZIP CODE
ERTIFYING SIGNATURE OF	OWNER SHOWN ON LINE 22 ABOVE			DATE		
RINT NAME OF OWNER, PAI	RTNER, LLC MEMBER OR CORPORATE OFFICER	TITLE		TELEPHONE NU	UMBER	
ATE OF BIRTH	DRIVER LICENSE NUMBER		STATE OF ISSUANCE	EMAIL)		
ESIDENCE ADDRESS			CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)			CITY			ZIP CODE
ERTIFYING SIGNATURE OF	OWNER SHOWN ON LINE 27 ABOVE			DATE		
	RTNER, LLC MEMBER OR CORPORATE OFFICER	TITLE		TELEPHONE NU	UMBER	
				l ()		
ATE OF BIRTH	DRIVER LICENSE NUMBER		STATE OF ISSUANCE	EMAIL		
	DRIVER LICENSE NUMBER		STATE OF ISSUANCE	EMAIL	STATE	ZIP CODE
ESIDENCE ADDRESS				EMAIL		ZIP CODE
ESIDENCE ADDRESS AILING ADDRESS (IF DIFFEI ERTIFYING SIGNATURE OF			CITY	EMAIL		
ESIDENCE ADDRESS AILING ADDRESS (IF DIFFEI ERTIFYING SIGNATURE OF	RENT)	TITLE	CITY		STATE	
ESIDENCE ADDRESS AILING ADDRESS (IF DIFFEI ERTIFYING SIGNATURE OF	RENT) OWNER SHOWN ON LINE 32 ABOVE	TITLE	CITY	DATE TELEPHONE NU ()	STATE	
ESIDENCE ADDRESS AILING ADDRESS (IF DIFFEI ERTIFYING SIGNATURE OF KINT NAME OF OWNER, PAI ATE OF BIRTH	OWNER SHOWN ON LINE 32 ABOVE RTNER, LLC MEMBER OR CORPORATE OFFICER	TITLE	CITY	DATE TELEPHONE NU ()	STATE	
X	OWNER SHOWN ON LINE 32 ABOVE RTNER, LLC MEMBER OR CORPORATE OFFICER DRIVER LICENSE NUMBER	TITLE	CITY CITY STATE OF ISSUANCE	DATE TELEPHONE NU ()	STATE	ZIP CODE

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 1905 Lana Ave NE Salem OR 97314 Phone: (503) 945-5052

Business office hours are: 8:00 a.m. – 4:30 p.m. Monday – Friday, except for Thursdays 9 a.m. – 4:30 p.m., (closed holidays).

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SURETY BOND

	SUNETT BUND	
NOTE:	TO BE COMPLETED BY BONDING COMPANY. FAILURE TO	
	ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY.	

$\overline{}$	BOND NUMBER	$\overline{}$

PLEASE TYPE OR PRIN	NI LEGIBLY WITH INK.		
LET IT BE KNOWN:			
THAT(INDIVIDI	JAL NAME OF OWNER, ALL PARTI	NERS OR MEMBERS, OR NAME	F OF CORPORATION)
DOING BUSINESS AS	one will of owners, need with	VENE ON MEMBERIO, ON TO MILE	201 Con Charletty
DOING DOGINEOU AO	(BUSINESS NAME AS GI	VEN ON THE CERTIFICATE AP	PLICATION)
HAVING ITS PRINCIPAL PLACE OF BUSINESS AT	(S	TREET ADDRESS, CITY, STATI	E. ZIP CODE)
WITH ADDITIONAL PLACES OF BUSINESS AT			
WITH ADDITIONAL I LAGES OF BOOMESS AT	(S	TREET ADDRESS, CITY, STATI	E, ZIP CODE)
	(S	TREET ADDRESS, CITY, STATI	E, ZIP CODE)
AS PRINCIPAL(S), AND			
		(SURETY NAME)	
(ADDRESS, CITY, STATE, ZI	P CODE)		(TELEPHONE NUMBER)
A CORPORATION ORGANIZED AND EXISTING UNDER AND AUTHORIZED TO TRANSACT A SURETY BUSINI BOUND TO THE STATE OF OREGON IN THE PENAL SPAYMENT OF WHICH THE PRINCIPAL(S) AND SURE SUCCESSORS, AND ASSIGNS. THE MAXIMUM AMOUN OTHER THAN RETAIL CUSTOMERS OF THE VEHICLE IS WHEREAS, THE PRINCIPAL(S) IS APPLYING FOR A VETRANSPORTATION; THE CONDITION OF THIS OBLIGATION IS SUCH THAT CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSI SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OF THE PROVISIONS OF THE OREGON VEHICLE COBLIGATION TO BE VOID, OTHERWISE TO REMAIN IS 822.030(1)(a). THIS BOND SHALL BECOME EFFECTIVE AS OF THE ETHE OREGON DEPARTMENT OF TRANSPORTATION. EFFECT FOR THE ENTIRE PERIOD FOR WHICH CERTIFICATION TO THE DRIVER AND MOTOR VEHICLE CONCELLATION TO THE DRIVER AND MOTOR VEHICLE DEALER (SOONER CANCELS THE BOND. THIS BOND MAY EVANCELLATION TO THE DRIVER AND MOTOR VEHICLE DEALER (SOONER CANCELS THE BOND. THIS BOND MAY EVANCELLATION. THIS BOND SHALL BE ONE CONTINUING OBLIGATION OF THE PENALTY OF THIS BOND REGARDLE AMOUNT OF THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THIS BOND REGARDLE IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PROVIDED TO THE PENALTY OF THE PENALTY OF THE PENALTY OF THE PENALTY OR THE PENALTY OF THE PENALTY OF THE PENALTY OF THE PENALTY OF THE	ESS IN THE STATE OF SUM OF \$50,000 FOR ITY JOINTLY AND SEVIT PAYABLE UNDER TO \$10,000. HICLE DEALER CERTIFICATION OF SPECIFIED IN COMMENTE THE PRINCIPAL THIS BOND SHALL BE TIFICATION IS GRANT CERTIFICATE, UNTIL ESE CANCELED BY THE PRINCIPAL OF THE SERVICES ON AND THE LIABILITIES OF WHETHER THE	F OREGON, AS SUFEACH YEAR THE CEVERALLY BIND THEINE BOND FOR PAYMETCATE ISSUED BY TAMED PRINCIPAL(S) OR REBUILDER OF PRESENTATION, AND PRESENTATION, AND PRESENTATION, AND PRESENTATION OF THE DEEMED CONTINUED AND FOR EACH DEPLETED BY CLAIMETE SURETY GIVING DIVISION OF THE TY OF THE SURETY S BOND IS RENEWE	RETY, ARE HELD AND FIRMLY ERTIFICATE IS VALID, FOR THE MSELVES, THEIR RESPECTIVE MENT OF CLAIMS BY PERSONS THE OREGON DEPARTMENT OF IS ISSUED A VEHICLE DEALER VEHICLES, SAID PRINCIPAL(S) O WITHOUT VIOLATION OF ANY EN AND IN THAT EVENT THIS INCELLED PURSUANT TO ORS ICLE DEALER CERTIFICATE BY IOUS IN FORM AND REMAIN IN SUCCEEDING CERTIFICATION IS PAID, UNLESS THE SURETY WRITTEN NOTICE OF SUCH OREGON DEPARTMENT OF Y SHALL BE LIMITED TO THE D OR OTHERWISE CONTINUED
THIS BOND IS EFFECTIVE (MONTH, DAY, YEAR) ANY ALTER IN WITNESS WHEREOF, THE SAID PRINCIPAL(S) AND REPRESENTATIVE(S) AND HAVE AFFIXED THE SURET THIS DAY OF	TY CORPORATE SEAL	EACH EXECUTED T	HIS BOND BY ITS AUTHORIZED
IGNATURE (OWNER/PARTNER/MEMBER OR CORPORATE OFFICER) ✓		TITLE	
↑ IGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)		TITLE	
X			
SURETY'S AGENT OR REPRESENTATIVE MUST COMP		PLACE S	SURETY SEAL BELOW
IN THE EVENT A PROBLEM ARISES CONCERNING THIS AME TELL TELL	BOND, CONTACT:		
<u> </u>)		
DDRESS	,		
ITY, STATE, ZIP CODE			
, 5.13.2, 211 0002			

CERTIFICATE OF INSURANCE TO BE COMPLETED BY INSURANCE COMPANY LICENSED TO DO BUSINESS IN OREGON						
INSURANCE POLICY NUMBER (BINDER NOT ACCEPTABLE)		EFFECTIVE DATE	EXPIRATION DATE			
INSURANCE COMPANY NAME AND ADDRESS (NOT AGENT)	INSURANCE COMPANY PHONE NUMBER					
AGENT NAME AND ADDRESS	CITY, STATE, ZIP	CODE				
THIS POLICY IS ISSUED TO (REGISTERED BUSINESS NAME OF DEALER, PARTNERS, OR CORPORATION NAME)	BUSINESS NAME	OF DEALERSHIP (DBA)				
DEALERSHIP ADDRESS		DEALER NUMBER				

I CERTIFY THAT THE FOLLOWING IS TRUE AND CORRECT. The above described policy has been issued and provides liability limits of coverage required under ORS 806.070; provides for payment of judgments of the type described in ORS 806.040; covers all motor vehicles manufactured, owned, operated, used or maintained by, or under the control of the named insured; covers all persons who, with the consent of the named insured, use or operate motor vehicles manufactured, owned or maintained by, or under the control of, the named insured; the insurer shall give written notice of any cancellation of the policy to DMV Business Licensing Unit; the insurer shall continue to be liable under the policy until DMV receives the notice of cancellation or until the cancellation date specified in the notice, whichever is later.

It is a crime under ORS 162.085 to certify the truth of a statement when you know it is not true. Such a crime is a Class B misdemeanor and is punishable by a jail sentence of up to six months, a fine of up to \$2,500 or both.

SUPPLEMENTAL DEALERSHIP ADDRESS		CITY, STATE, ZIP CODE		
SUPPLEMENTAL DEALERSHIP ADDRESS		CITY, STATE, ZIP CODE		
PRINT NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER DATE		DATE	
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE	INSUR	ER'S ADDRESS STAMP OR SEAL (If no stamp	attach a business card)	
X				

DEALER LIABILITY INSURANCE

General Information

WHAT IS NEEDED: ORS 822.033 requires a dealer to carry vehicle liability insurance coverage for their dealership. A Certificate of Insurance must be filed with the Business Licensing Unit each time a dealer applies for a new or renewal business certificate, or when the certificate on file is expired in order to provide continuous coverage.

AMOUNTS OF COVERAGE: ORS 806.070 requires the policy to provide coverage in specific amounts and ORS 806.040 requires the policy to provide for the payment of judgments.

ADDITIONAL STIPULATIONS: ORS 822.033 requires that the coverage provide each of the following:

- The policy must cover ALL MOTOR VEHICLES manufactured, owned, operated, used or maintained by, orunder the control of the named insured.
- The policy must cover ALL PERSONS who, with the consent of the named insured, use or operate motor vehicles manufactured, owned or maintained by, or under the control of, the named insured.
- The insurer must give written notice of ANY CANCELLATION of the policy to the Business Licensing Unit.
- The insurer shall CONTINUE TO BE LIABLE under the policy until the Business Licensing Unit receives
 the notice of cancellation or until the cancellation date specified in the notice, whichever is later.
 (Note: This means that even if the policy expires and is not renewed, the insurer continues to be liable
 until the Business Licensing Unit receives a notice of cancellation.)

TERM OF COVERAGE: The dealer must maintain coverage throughout the license period covered by their business certificate. If the policy **lapses** for any reason, the dealer must file a new Certificate of Insurance providing continuous coverage with the Business Licensing Unit.

EXEMPTION: ORS 822.033(3) states a dealer is exempt from the requirement to file a *Certificate of Insurance* if they deal exclusively in certain types of vehicles. To get the exemption, a dealer must file a *Certificate of 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

DEPARTMENT OF TRANSPORTATION RIVER AND MOTOR VEHICLE SERVICES US LAWA AVE NE, SALEM OREGON 97314 CERTIFICATION OF EXEMPTION						
	DE	EALER NUMBER	EXPIRATION DATE			
INSTRUCTIONS:						
 Renewal applications may qualify for an exemption from deale are reviewed by DMV for acceptability. 	r education. All	certificates of exe	mption			
• This form must be submitted with an Application for a Deale	r Business Ce	ertificate.				
• 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. 						
 Read and sign the certification statement at the bottom of this f 	form.					
 Submit this exemption along with your application for a dealer of Business Licensing Unit, 1905 Lana Avenue NE, Salem O 		ohone: (503) 945-5	5052.			
BUSINESS NAME OF DEALERSHIP						
MAIN BUSINESS LOCATION	CITY		ZIP CODE			
vehicle other than those listed below, I must file the app DMV Business Licensing Unit: * Note: All original applications (including franchises) require a prelinant an applicant has a certificate with a currently certified Oregon	minary 8 hour					
A franchised dealer in Oregon for nationally advertised no	ew vehicles.					
A franchised dealer in Oregon for nationally advertised no						
A vehicle rental company with a nationally advertised fragrammatic corporation that operates nationwide.	nchise unde	r the ownership	of a			
A national auction company that holds dealer and dismar	ntler certifica	tions and sells	totaled vehicles.			
 Applicant for original certificate holds a precertification education certificate from a current, certified Oregon dealer. List affiliated dealer name and number: 						
CERTIFICATION False statement is a Class B misdemeanor under ORS 16 jail, a fine of up to \$2,500, or both. In addition, civil penal 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.	Ities of up to	o \$1,000 and C member or c	DMV sanctions			
<u> </u>	TITLE					
SIGNATURE OF CERTIFYING OWNER / PARTNER / CORPORATE OFFICER / LLC MEMBER	DATE					

X



LIABILITY INSURANCE CERTIFICATION OF EXEMPTION

	<u></u>		I				
	DEALER NUM	BER	EXPIRATION DATE				
INSTRUCTIONS:							
 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 Busine	ess Certificate.						
 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. Dealer p if you sell antique vehicles. 	 Mark the box to show the type of vehicle you sell exclusively. Dealer plates will not be issued to you if you sell antique vehicles. 						
Read and sign the certification statement at the bottom of this form.							
 Submit this exemption along with your application for a dealer certificate to: Business Licensing Unit, 1905 Lana Avenue NE, Salem OR 97314. Telephone: (503) 945-5052. 							
BUSINESS NAME OF DEALERSHIP							
MAIN BUSINESS LOCATION CITY			ZIP CODE				
This business deals exclusively in the vehicle types which I have marked below. 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 a Certificate of Insurance with the Business Licensing Unit. Antique motor vehicles which have been issued permanent registration under ORS 805.010 Class I or Class III all terrain vehicles (ATVs) Snowmobiles Trailers (utility, horse, boat) Campers and Travel Trailers							
FRINT NAME OF CERTIFYING OWNER/PARTINER/CORPORATE OFFICER 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.							
SIGNATURE OF CERTIFYING OWNER/PARTNER/CORPORATE OFFICER DATE							
X 35-7024 (4-18)							



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.

must be applied for if there	e is a change in name, ad	dress o	r dealer certificate i	number.			
SECT	ION 1 – NAME AND LO	OCATION NO.	ON OF DEALER	BUSINESS			
PEALER CERTIFICATE #	EMAIL ADDRESS						
IAME OF DEALERSHIP							
TREET ADDRESS (BUSINESS LOCATION	IN.						
TREET ADDRESS (BUSINESS LOCATION	N)						
CITY		STATE	ZIP CODE	COUNTY			
	SECTION	2 – FX	(EMPTION				
Any dealer wanting an exemption from all or part of the requirements in (a) through (c) below MUST check the appropriate box(es) below and provide a clear and complete reason for the request. I am requesting an exemption from the requirement(s) listed below: a) Have sufficient space to display one or more vehicles of the type the dealer has been issued a certificate to sell. b) 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. c) Have displayed an exterior sign permanently affixed to the land or building which identifies the dealership by the name shown on the dealer's business certificate. NOTE: You MUST attach to this form a letter or other evidence from the appropriate zoning authority which specifically and clearly show the restriction the exemption request is based on.							
	SIG	SNATU	RE				
that Oregon Administrative conditions listed above. Ho meet the requirements. Co attached. I hereby request	Rules require a dealer by owever, the business local pies of city or county ording the exemptions marked in es not constitute a variance	usiness tion of t nances n Section ce on sta	location to comply he dealership, as s or zoning requirem on 2. ate, county or city I	hown in Section1, is unable to nents preventing compliance are and-use restrictions or laws.			
RINTED NAME OF PERSON SIGNING TH	IS FORM			TITLE			
GIGNATURE				DATE			
	(DMV	/ Use C	Only)				
Request in Section 2: a)	Approved Denied	b)	Approved Der	nied c) Approved Denied			
(Investigator to check all app	licable boxes). If applicable,	the dea	ler must comply with	reasonable alternatives (attached).			
RINTED NAME OF INVESTIGATOR / MAN	IAGER			TITLE			
NVESTIGATOR'S / MANAGER'S SIGNATU	JRE			DATE			