



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# APPLICATION FOR THREE YEAR VEHICLE DEALER CERTIFICATE

AS A DEALER OR REBUILDER OF VEHICLES

CUSTOMER NUMBER	EFFECTIVE DATE	EXPIRATION DATE	DEALER NUMBER	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL
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If this is a renewal, do not complete the fee information. Use the attached billing list to calculate your fees. The billing list **MUST** be submitted with your renewal application.

**Original Certificate** (Includes one plate)..... \$ **1,187.00**  
**Additional Locations** \_\_\_\_\_ @ \$350.00 ..... \$ \_\_\_\_\_  
 (Supplemental Application Form 735-372 required for each location)  
**Additional plates 12" x 6"** \_\_\_\_\_ **or 7" x 4"** \_\_\_\_\_ @ \$54.00... \$ \_\_\_\_\_  
 (Two sizes, standard and small, available)

**TOTAL = \$**

<b>OFFICE USE</b>	CERTIFICATE FEE
	LATE FEE
	SUPPLEMENTALS
	RENEWAL PLATES
	ADDITIONAL PLATES
	<b>TOTAL \$</b>
	TEMPORARY PLATES

**BUSINESS NAME AND ADDRESS** *Any alteration of Line 3 voids location approval.*

1 LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME)	FEDERAL ID NUMBER (FEIN)	OREGON REGISTRY # (IF LLC OR CORPORATION)	
2 BUSINESS NAME (IF ASSUMED BUSINESS NAME, FILL IN REGISTRY NO.)	OREGON REGISTRY NO.	BUSINESS TELEPHONE	
3 MAIN BUSINESS LOCATION (STREET AND NUMBER)	CITY	ZIP CODE	COUNTY
4 MAILING ADDRESS	CITY	STATE	ZIP CODE EMAIL

**TYPE OF OPERATION**

5 CHECK ORGANIZATION TYPE:  Individual  Partnership  LLC  Corporation: \_\_\_\_\_  
 If corporation, list the state under which business is incorporated: \_\_\_\_\_

6 I / we primarily sell:  New Vehicles  Used Vehicles

7 I / we are a franchise dealer:  Yes  No If "Yes," name the makes ➤

8 I / we sell NEW RECREATIONAL VEHICLES:  Yes  No

IF "YES," SERVICE FACILITY LOCATION (STREET AND NUMBER) CITY ZIP CODE

**LOCATION APPROVAL** (If renewal, required only if dealer is changing business location)

Certification of local zoning. ORS 822.005 requires a vehicle dealer certificate, unless exempt under ORS 822.015, for any person who:

- (a) Buys, sells, brokers, trades or exchanges vehicles either outright or by means of any conditional sale, bailment, lease, security interest, consignment or otherwise; OR
- (b) Displays a new or used vehicle, trailer, or semitrailer for sale; OR
- (c) Acts as any type of agent for the owner of a vehicle to sell the vehicle or acts as any type of agent for a person interested in buying a vehicle to buy a vehicle.

THE CERTIFICATION BELOW IS TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL. The approval below should be based upon whether the applicant can do **ANY** of the activities listed in (a) through (c) above under applicable ordinances, at the location of the business given on Line 3. Pursuant to ORS 822.025, applicant shall meet requirements below.

As the zoning official for the jurisdiction where this business is located, I verify by my signature that the location of this business as stated on this application complies with any land use ordinances of the jurisdiction pursuant to ORS 822.025.

9 <input type="checkbox"/> CITY OF:	<input type="checkbox"/> COUNTY OF:	TELEPHONE NUMBER ( )
10 PRINT NAME	TITLE	
11 SIGNATURE <b>X</b>	DATE	

▽ Place stamp or seal here ▽

Check box if restrictions on the location approval are in an attached letter from the zoning authority.

## PRINCIPAL'S DEALER HISTORY

Information on the principals of this business is requested under Oregon Revised Statutes (ORS) 822.035 and Oregon Administrative Rule (OAR) 735-150-0024.

OAR 735-150-0010(2S) defines the principal of a dealership as "an owner, partner, corporate officer or other person who controls or manages the business organization or employees or agents of the business organization." "Principal" 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 the business:**

- 12 Has any principal of this dealership been financially or operationally involved in **any jurisdiction**, including Oregon, with a vehicle dealership whose license or right to apply for a license was **revoked** or is **currently suspended**?
- NO  YES, revoked currently suspended. If "YES," complete Section 13.

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NAME OF DEALERSHIP		PRINCIPAL'S NAME(S)	
DEALER LICENSE NUMBER	STATE WHERE SUSPENDED / REVOKED	DATE OF SUSPENSION / REVOCATION	EXPIRATION OF SUSPENSION

- 14 Have you ever been an owner or principal on a vehicle dealer license in Oregon (excluding current application)?
- NO  YES: If "YES," complete Section 15.

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NAME OF DEALERSHIP		PRINCIPAL'S NAME(S)	
DEALER LICENSE NUMBER			

## 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 license.

## BUSINESS LOCATION INFORMATION:

**Property is (check one):**  OWNED  LEASED / RENTED: LEASE OR RENTAL PERIOD: \_\_\_\_\_

If property is "Leased / Rented" complete the following:

PROPERTY OWNER'S FULL NAME			TELEPHONE NUMBER ( )
PROPERTY OWNER'S ADDRESS	CITY	STATE	ZIP CODE

## 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(5)(a-g).
- Issue temporary registration permits for unregistered vehicles they sell.
- Agent status can be placed on probation, suspension or revoked as allowed in Oregon Administrative Rule 735-150-0120 for non-compliance of any Oregon Revised Statute 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.

**Complete the section(s) below and sign.**  
 (Be sure to attach a separate sheet to show additional owners.)

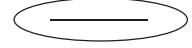
- List the primary owner, partners, LLC members or corporate officers below.
- If a member of a limited liability company (LLC) is a corporation, the president must provide information below.
- If a partner of a partnership is a corporation, the president must provide information below.
- If corporation or LLC, the Oregon registered agent name and addresses are required below.
- By signing below, I/we certify that the answers provided on Page 2 are true and accurate information.

<b>16</b>	<b>OREGON REGISTERED AGENT NAME</b>			TELEPHONE NUMBER (      )	
<b>17</b>	OREGON REGISTERED AGENT MAILING ADDRESS		CITY	STATE	ZIP CODE
<b>18</b>	OREGON REGISTERED AGENT STREET ADDRESS		CITY	STATE	ZIP CODE
<b>OWNERSHIP INFORMATION</b>					
<b>19</b>	<b>PRINT NAME</b> OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	
<b>20</b>	DATE OF BIRTH		DRIVER LICENSE NUMBER		STATE OF ISSUANCE
<b>21</b>	RESIDENCE ADDRESS			CITY	STATE
<b>22</b>	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE
<b>23</b>	CERTIFYING <b>SIGNATURE</b> OF OWNER SHOWN ON LINE 19 ABOVE				DATE
<b>24</b>	<b>PRINT NAME</b> OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	
<b>25</b>	DATE OF BIRTH		DRIVER LICENSE NUMBER		STATE OF ISSUANCE
<b>26</b>	RESIDENCE ADDRESS			CITY	STATE
<b>27</b>	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE
<b>28</b>	CERTIFYING <b>SIGNATURE</b> OF OWNER SHOWN ON LINE 24 ABOVE				DATE
<b>29</b>	<b>PRINT NAME</b> OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	
<b>30</b>	DATE OF BIRTH		DRIVER LICENSE NUMBER		STATE OF ISSUANCE
<b>31</b>	RESIDENCE ADDRESS			CITY	STATE
<b>32</b>	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE
<b>33</b>	CERTIFYING <b>SIGNATURE</b> OF OWNER SHOWN ON LINE 29 ABOVE				DATE
<b>34</b>	<b>PRINT NAME</b> OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	
<b>35</b>	DATE OF BIRTH		DRIVER LICENSE NUMBER		STATE OF ISSUANCE
<b>36</b>	RESIDENCE ADDRESS			CITY	STATE
<b>37</b>	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE
<b>38</b>	CERTIFYING <b>SIGNATURE</b> OF OWNER SHOWN ON LINE 34 ABOVE				DATE

Please attach (staple) 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 government-issued photo ID's.

**To: DMV Business Licensing Unit**  
**1905 Lana Ave NE**  
**Salem OR 97314**

Phone: (503) 945-5052

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