



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

APPLICATION FOR ANNUAL SUPPLEMENTAL BUSINESS CERTIFICATE

AS A DISMANTLER OF MOTOR VEHICLES

CERTIFICATE NUMBER

EXPIRATION DATE

FEE: \$500

- PLEASE TYPE OR PRINT LEGIBLY WITH INK.
- **ANY ALTERATION OF LINE 2 VOIDS LOCATION APPROVAL.**

ORIGINAL RENEWAL

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LEGAL NAME OF BUSINESS	ASSUMED NAME OF BUSINESS	EMAIL ADDRESS	BUSINESS TELEPHONE	
SUPPLEMENTAL LOCATION (STREET AND NUMBER)	CITY	COUNTY	ZIP CODE	
MAIN BUSINESS LOCATION ADDRESS	CITY	COUNTY	ZIP CODE	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE

- a) The **DIMENSIONS** of the property of which the business has exclusive use are _____ ft. X _____ ft.
- b) ORS 822.115(4) requires applicants to file a **description of the location** of the dismantling yard. Accordingly, please submit a plat map or similar description of the location of the premises, including identification of the area of the property exclusively used by the dismantler business (if not the entire property).

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THE CERTIFICATION BELOW IS TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL

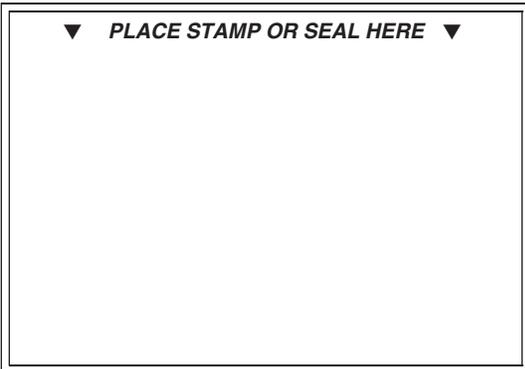
By signing this application, you are authorizing a dismantler business to be conducted at the location listed on Line 2 of this application. **If a dismantler business cannot be conducted at this location, do not sign this approval.**

- I represent an incorporated city with a population of 100,000 or more.
By signing on Line 8, I certify that pursuant to ORS 822.110(1)(a) the address listed as the place of business to be approved for use in the motor vehicle dismantling business is zoned for industrial use or subject to another zoning classification that permits the type of business conducted by the dismantler.
- I represent a County, or an incorporated city with a population of less than 100,000.
By signing on Line 8, I certify the following:

THAT THE GOVERNING BODY OF THE CITY COUNTY OF _____ HAS:

- A) APPROVED THE APPLICANT AS BEING SUITABLE TO ESTABLISH, MAINTAIN OR OPERATE A MOTOR VEHICLE DISMANTLING BUSINESS (ORIGINAL APPLICATIONS ONLY).
- B) DETERMINED THAT THE LOCATION OR PROPOSED LOCATION MEETS THE REQUIREMENTS FOR THAT LOCATION UNDER ORS 822.110.
- C) DETERMINED THAT THE LOCATION DOES NOT VIOLATE ANY APPLICABLE PROVISION OF ORS 822.135.
- D) APPROVED THE LOCATION AND DETERMINED THAT THE LOCATION COMPLIES WITH ANY REGULATIONS ADOPTED BY THE JURISDICTION UNDER ORS 822.140.

Restrictions on the location approval are in an attached letter from the zoning authority.



I ALSO CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION AND AS EVIDENCE OF SUCH AUTHORITY DO AFFIX HEREON THE SEAL OR STAMP OF THE CITY OR COUNTY.

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NAME OF GOVERNMENT OFFICIAL	TITLE	PHONE NUMBER
SIGNATURE OF GOVERNMENT OFFICIAL X		DATE

BUSINESS LOCATION INFORMATION:

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

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

10 PROPERTY OWNER'S FULL NAME (As shown on County Property Records) _____ PROPERTY OWNER'S TELEPHONE NUMBER _____

11 PROPERTY OWNER'S MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

12 **DISMANTLER CERTIFICATION – Must be signed by the Applicant.**

APPLICANT — By signing this application you are certifying that:

1. The right-of-way of any highway adjacent to the area proposed for approval to conduct the dismantling business is approved and used for access to the premises and public parking;
2. Except on interstate or primary highways within a zoned area allowing wrecking yards and dismantling businesses, you maintain a building or enclosure or other barrier to a height of six feet for the purpose of conducting business;
3. You will not store any vehicles or vehicle parts or conduct the dismantling business outside of the building, enclosure or barrier;
4. The business is hidden or adequately screened by the terrain or other natural objects, plantings, fence, or other appropriate means so as not to be visible from the main traveled way of the highway except as permitted by ORS 822.135 and OAR 734-040-0030.

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, DMV may impose civil penalties and/or sanctions against you or your dismantler certificate. I certify that I am the owner, a partner, an LLC member, or a corporate officer of this business and that all information on this application is accurate and true.

13 PRINTED NAME _____ TITLE _____

14 SIGNATURE
X

15 Are there any applicable permits required by Oregon Department of Environmental Quality (DEQ)?
 NO YES: If "YES," complete Section 16.

16 DEQ PERMIT TITLE / NUMBER(S) _____ DATE OF ISSUE _____ DATE OF EXPIRATION _____

REQUIREMENTS PERTAINING TO DISMANTLER BUSINESS OR PREMISES (ATTACH A SEPARATE PAGE FOR DESCRIPTION AND/OR ADDITIONAL PERMITS IF NECESSARY)

17 **Fire Response Plan Required - Attach a fire response plan as described:**

Fire Response Plan - A fire response plan is a document that must be submitted with new and renewal applications and must contain:

- 1) Procedures for reporting an incident to emergency fire-fighting resources;
- 2) Procedures for notifying people on the premises of the protocol for reporting an incident and emergency evacuation, and alerting people on the premises to a current emergency;
- 3) Procedures for emergency evacuation, including a diagram or map of evacuation routes and the occupancy assembly point;
- 4) A diagram or map of the routes of fire department vehicle access; and
- (5) A diagram or map of fire hydrant locations, if any, at or within 500 feet of the dismantler's premises (wrecking yard).

18 **Fire Inspection Report Required: - Attach a copy of the fire inspector's report which is based on an inspection of the supplemental business premises. New and renewing applications for supplemental dismantler certificates must provide a fire inspection report within 90 days after being issued an original or renewed supplemental dismantler certificate.**

19 **BOND ENDORSEMENT**

Place surety seal here ▷

I certify that surety bond number: _____ will cover the business operation as supplemented above.

SIGNATURE OF SURETY / REPRESENTATIVE _____ TITLE _____ DATE _____
X