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## APPLICATION TO CORRECT DEALER / REBUILDER

VEHICLE DEALER CERTIFICATE DEALER NUMBER EXPIRATION DATE **CURRENT BUSINESS NAME** Check the reason for correction: Name Change Address Change Org. / Structure Change Add / Remove Owners **VALIDATION USE ONLY** Instructions: The fee for a corrected certificate: \$30. Name change and/or address change: \$30. Attach Bond Rider and Insurance Certificate. Organizational structure change: \$30. (e.g., Individual partnership or LLC to Corp.) Attach a bond rider and insurance certificate. Adding/Removing LLC member or corporate officer: No Fee Each new owner must complete and sign lines 12-16 or 17-21. • Each owner being removed must sign line 22 or 23. One owner must sign line 24. Provide copy of valid photo ID if changing residence address. Dealer number and expiration date will stay the same. Submit the completed application to: DMV Business Licensing, 1905 Lana Ave NE, Salem Oregon 97314. NOTE: If the dealership has been sold, the new owner(s) must obtain their own vehicle dealer certificate using the Form 735-370 Packet since a dealer certificate is not transferable. NAME CHANGE NEW BUSINESS NAME (If assumed business name, fill in Registry Number.) OREGON BUSINESS REGISTRY NUMBER FEDERAL EMPLOYER IDENTIFICATION NUMBER Any alteration of Line 3 voids location approval. ADDRESS CHANGE NEW STREET ADDRESS WHERE BUSINESS WILL BE CONDUCTED RESIDENCE PREVIOUS SUPPLEMENTAL **BUSINESS TELEPHONE** CITY ZIP CODE COLINT RESIDENCE ADDRESS CITY ZIP CODE EMAIL MAILING ADDRESS CITY ZIP CODE PREVIOUS STREET ADDRESS OF BUSINESS LOCATION CITY ZIP CODE LOCATION APPROVAL - Required only if dealer is changing business location Certification of Local Zoning and Business Regulatory Compliance. 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; 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 jurisdiction allows the applicant ANY of the activities in (a) through (c) above under its ordinances, at the location of the business given on Line 3. As the zoning official for the jurisdiction where this business is located, I verify by my signature below that the location of this business as shown on this application complies with any land use ordinances or business regulation ordinances of the jurisdiction pursuant to ORS 822.025(6) TELEPHONE NUMBER CITY OF: COUNTY OF: PRINT NAME TITLE SIGNATURE DATE X Place stamp or seal here Restrictions on the location approval are in an attached letter from the zoning authority.

735-371 (6-25)

	OWN	ERSHIP CHANG	Ε		
Check your organization type on certificate number and expiration LLC members or corporate office or passport). Copy must be legib listed below, submit a statement	date will stay the ers' valid governme le. If the residence	same. If adding nan ent-issued photo ID' e address on the pho	nes, attach copies of A s (driver license, state oto ID is different than	LL new owners, partners, issued identification card	
Individual Partnership	LLC Corpo	pration (If corporation, und	der what state is business inco	orporated?)	
ADD NAMES List each person	n being <b>added</b> as	a partner, LLC mem	ber or corporate office	۲.	
RINT NAME (MUST SIGN LINE 16)		TITLE			
ATE OF BIRTH DRIVER LICENSE NUMBER		STATE OF ISSUE	HOME PHONE NU	MBER	
ESIDENCE ADDRESS		CITY	STATE	ZIP CODE	
AILING ADDRESS		CITY	STATE	ZIP CODE	
ERTIFYING <b>SIGNATURE</b> OF OWNER SHOWN ON LINE 12 ABOVE			DATE		
RINT NAME (MUST SIGN LINE 21)			TITLE		
ATE OF BIRTH DRIVER LICENSE NUMBER		STATE OF ISSUE	HOME PHONE NU	HOME PHONE NUMBER	
ESIDENCE ADDRESS	CITY	STATE	ZIP CODE		
AILING ADDRESS		CITY	STATE	ZIP CODE	
ERTIFYING <b>SIGNATURE</b> OF OWNER SHOWN ON LIN		DATE	<u> </u>		
			.C member or corporat iires a new (original) d		
RINT NAME	SIGNATURE		TITLE	DATE	
X RINT NAME SIGNATURE			TITLE	DATE	
XINT IVAIVE	X		IIILE	DATE	
		ERTIFICATION	J	<u> </u>	
False certification is a Class B m to \$2,500 or both. In addition, civ imposed. With this in mind:  I CERTIFY I am an owner, partner.	il penalties and D	MV sanctions agains	st you or your dealer c	ertificate may be	
application is accurate. CERTIFIC		•	•		
ERTIFYING <b>SIGNATURE</b> OF OWNER		TITLE		DATE	
	W BUSINESS	LOCATION INF	ORMATION		

## Don't Forget!

Property is (check one):

PROPERTY OWNER'S MAILING ADDRESS

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• For name change, address change and organizational structure, a bond rider from your bonding company and a new insurance certificate must be submitted.

CITY

- For organization structure change from Individual or Partnership to LLC or Corporation, provide Registered Agent information on page 2, lines 15-17 on the Form 735-370 Packet (Dealer Certificate Application).
- One current owner MUST sign Line 24. CERTIFICATION CANNOT BE SIGNED BY PERSON BEING ADDED ON LINES 12 OR 17.

**LEASED / RENTED:** LEASE OR RENTAL PERIOD:

STATE

TELEPHONE NUMBER

ZIP CODE

Location approval is required when changing a business location.

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

PROPERTY OWNER'S FULL NAME (As shown on County Property Records)

• A fee of \$30 is required with the exception of a change of LLC member or Corporate officer which requires no fee.

**OWNED**