

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR AN ANNUAL DISMANTLER CERTIFICATE

(Originals and Renewals)

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

Read the entire application before completing it. This application will be returned to you if incomplete.

Submit your completed application and fees to:

DMV Business Licensing 1905 Lana Ave NE SALEM OR 97314

Phone: 503-945-5052 / Website: www.oregondmv.com / Email: DMVinsert@odot.oregon.gov

RENEWALS: If renewing between 15 days and 45 days AFTER your certificate expires, add a late fee of \$150. When submitting your application and fees at the Business Licensing counter (1965 Lana Ave NE):

- If paying cash, please have exact amount since Business Licensing cannot make change.
- Make copies of your application for your records.

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. If your business is an LLC, list the name of the limited liability company (includes "LLC") registered with the Office of the Oregon Secretary of State Corporation Division (Business Registry). If your business is a corporation, list the name of the corporation registered with the Oregon Business Registry.

Business Name – If using an assumed business name or trade name, list the business name registered with the Office of the Secretary of State Corporation Division. Otherwise, your dismantler certificate will be issued using its legal name.

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

Oregon Business Registry Numbers – If you do not know or you do not have your Business Registry number(s), contact the Office of the Secretary of State Corporation Division for this information at 503-986-2200 or go to https://sos.oregon.gov/business.

Main Business Location - Business location where dismantling business is being (or will be) conducted.

Type of Organization - Check your organization type and if a corporation, list the state where the business is incorporated.

National Motor Vehicle Title Information System (NMVTIS) – Provide your NMVTIS number. To obtain a NMVTIS Reporting ID, register at https://www.vehiclehistory.gov.

Description of the Location of the Dismantling Business – To verify compliance with ORS 822.115 and 822.135, submit a plat map or other acceptable site information that clearly shows compliance with all legal requirements. You must also provide the dimensions of the property where the business is located, including identification of the area of the property exclusively used by the dismantler business (if not the entire property).

Local Government Approval – Pursuant to ORS 822.140, an applicant must comply with any regulation established by a city or county zoning, and must obtain the approval of the city or county governing body. Take your dismantler application to the applicable city or county office for their approval; (DMV will not accept if location approval is more than 6 months old). Some cities and counties charge a fee for signing the application.

Registered Agent – The registered agent's name, street address and mailing address are required, and must be consistent with the registered agent identified in the Business Registry.

DEQ Permit Requirements – If the dismantler business is required by the Oregon Department of Environmental Quality (DEQ) to possess any permits issued by DEQ, list the permit name(s) & number(s), and describe the permit requirements.

Ownership/Applicant's Certification Signature – Provide the 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, partner, member or officer listed on the application must provide a certifying signature. Attach (staple) copies of all listed person's valid, government-issued photo ID to the application. The copy must be legible. If the residence address on the photo ID and on Page 3 are not the same, attach a statement explaining why they do not match.

Bond or Letter of Credit – The bond or letter of credit required for a dismantler certificate must be in the sum of \$100,000 and must be completed, signed and sealed by the bonding company. The owner, a partner, an LLC member or a corporate officer must sign the bond. The legal name, business name and business location on the bond must match the dismantler application. The bond must expire on the last day of the month.

Fire Response Plan – A fire response plan 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) A diagram or map of evacuation routes and the occupancy assembly point, with procedures for emergency evacuation;
- (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).

Supplemental Location Using the Same Business Name – A separate supplemental application (Form 735-373A) must be completed for each additional location where you operate the dismantler business. You must conduct business at each supplemental location under the same name as the primary location, which includes obtaining the local government's approval for the supplemental location.

Renewal Application Requirement – In addition to the application requirements for initial application, a renewal application must also include a copy of the local fire inspector's report based on an inspection of the applicant's business premises conducted within 90 days of being issued a renewed dismantler certificate.

ADDITIONAL INFORMATION

CHANGING YOUR BUSINESS NAME – You need to file a correction application (Form 735-373B) with Business Licensing before you conduct dismantler business using a new name. The correction application needs to be signed by an owner, partner, LLC member, or corporate officer and include a bond rider from your bonding company.

- Contact the Oregon Secretary of State Corporation Division at 503-986-2200 or https://sos.oregon.gov/business to change your business name (update Business Registry information).
- There is no fee for a name change.

CHANGING YOUR BUSINESS LOCATION – If you move your dismantler business location, you need to file a correction application (Form 735-373B) with DMV **before** you conduct dismantler business at the new location. The correction application needs to be signed by an owner, partner, LLC member, or corporate officer and include:

- Location approval from the city or county;
- · A bond rider from your bonding company; and
- A plat map or description of the location of the premises; and
- Information for any required DEQ Permits;
- Fire response plan and a fire inspection report dated within 90 days of the issuance date;
- There is no fee for a location change.

CHANGING YOUR BUSINESS NAME AND LOCATION – You need to file a correction application (Form 735-373B) with the Business Licensing Unit if you change your business name **AND** location. The correction application needs to be signed by an owner, partner, LLC member, or corporate officer and include:

- Location approval from the city or county;
- A bond rider from your bonding company;
- · A plat map or description of the location of the premises; and
- Contact the Secretary of State Corporation Division at 503-986-2200 or https://sos.oregon.gov/business to change your business name.
- Information for any required DEQ Permits;
- Fire response plan and a fire inspection report dated within 90 days of the issuance date;
- . There is no fee required.

OTHER CHANGES – You need to file a correction application (Form 735-373B) 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, etc.). The correction application needs to be signed by an owner, partner, LLC member, or corporate officer (including all new owners, partners, LLC members or corporate officers being added or removed) and include:

- A bond rider from your bonding company;
- A copy of a valid government-issued photo ID for any owner/partner/member additions to the business.
- There is no fee required.

SUPPLEMENTAL CERTIFICATE – A supplemental business certificate is required for each additional location where you conduct dismantler 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 dismantler business at the additional location. The supplemental application (Form 735-373A) must be signed by an owner, partner, LLC member, or corporate officer and include:

- · Location approval from the city or county;
- A plat map or description of the location of the premises;
- An endorsement from your bonding company (you may attach a rider);
- Information for any required DEQ Permits;
- Fire response plan and a fire inspection report dated within 90 days of the issuance date; and
- A fee of \$500.

DUPLICATE CERTIFICATE – If you need a duplicate dismantler certificate issued, contact Business Licensing. The fee is \$40.

If you have any questions, please contact Business Licensing at 503-945-5052.



APPLICATION FOR ANNUAL BUSINESS CERTIFICATE

EFFECTIVE DATE

	DEPARTMENT OF TRANSPORTATION DRIVER AND MOTOR VEHICLES SERVICES 1905 LANA AVE NE, SALEM OREGON 97314 AS A DISMANTLER OF MOTOR VEHICLES OR SALVAGE POOL OPERATOR FEE: \$500						LITEOTIVE DATE					
						E: \$	500	ו ר	EXPIR	RF	TION DA	TE
	 PLEASE TYPE OR PRINT LEGIBLY WITH INK. ANY ALTERATION OF LINE 3 VOIDS LOCATION APPROVA 	ORIGINAL RENEWAL						WAL				
1	LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NA	AME)	FEDERAL EMPLOYEE	ID NUM	BER (FEII	N) OREG	ON REC	GISTRY N	UMBER (II	- LL	C OR CORP	ORATION)
	BUSINESS NAME OF APPLICANT (IF ASSUMED BUSINESS NAME OR TRADE NAME	ORI	EGON REGISTRY NUMI SING ASSUMED BUSINESS	BER NAME OF	R TRADE NAI	ME)		BUSINES	S TELEPH	ON	E	
2	MAIN BUSINESS LOCATION (STREET AND NUMBER)	CIT			ZIP CODE			COUNTY)			
3	MAILING ADDRESS	OUT			07475	710 000		NIOINEO	S EMAIL			
4	MAILING ADDRESS	CIT	Y		STATE 2	ZIP CODE	·	BUSINESS	SEMAIL			
5	CHECK ORGANIZATION TYPE: Individual Partnership LL	-C	Corpora	tion:	If corpo	oration,	list th	e state	where			
6	OREGON REGISTERED AGENT NAME		<u> </u>						UMBER	_		
	OREGON REGISTERED AGENT STREET ADDRESS			CITY			()	STAT	ΈĪ	ZIP CODE	
7				OIT) (0747	_	710 0005	
8	OREGON REGISTERED AGENT MAILING ADDRESS (IF DIFFERENT)			CITY					SIAI		ZIP CODE	
9	National Motor Vehicle Title Information System (N	MVT	IS) number RE	QUIF	RED:					Ī		
0	a) THE DIMENSIONS OF THE PROPERTY ON WHICH	THE E	BUSINESS HAS E	EXCL	JSIVE (JSE AI	 RE		 ft.)	 X _	•	ft.
1	b) ORS 822.115(4) requires applicants to file a d please submit a plat map or other description o property exclusively used by the dismantler bus	f the	location of the	prem	ises, ii	ncludi						
	THE CERTIFICATION BELOW IS TO BE COMPLE By signing this application you are authorizing a di on Line 3 of this application. If a dismantler busin this approval. I represent an incorporated city with a population of 100,000 By signing on Line 13, I certify that pursuant to ORS 822.11 dismantling business is zoned for industrial use or subject to the dismantler. I represent a county, or an incorporated city with a population By signing on Line 13, I certify the following:	isma ness 0 or m 10(1)(a to ano	ntler business in cannot be control ore. a) the address listed ther zoning classifications.	to be nduc	condu ted at	of busi	ocat	location, d	o not	si ç	gn r vehicle	
	THAT THE GOVERNING BODY OF THE CITY COUNTY	F							_ 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 1			AND .	AS EV	IDEN	CE O	F SU	CH AU	Tŀ	IORITY	DO
	AFFIX HEREON THE SEAL OR STAMP OF THE CITY		COUNTY.							_	· ·	
2	NAME OF GOVERNMENT OFFICIAL TITLE			PHONE (NUMBER							
	SIGNATURE OF GOVERNMENT OFFICIAL			DATE	-							

4	PRINCIPAL(S) DISMA	NTLER HISTORY					
	Information on the principa	ls of this business is requ	uired under Oregon Revise	d Statute	es (ORS	S) 822.115.	
	OAR 735-152-0000(19) de				officer	, proprietor of	a sole
	proprietorship, LLC memb			•			
	Please provide the follow the business:	ing information about a	all owners listed on this a	pplicati	on and	other principa	al(s) of
15	Has any principal of this dis Oregon, with a vehicle dism currently suspended?						
	NO YES, re	evoked currently suspe	nded. If "YES," complete	Section	16.		
6	NAME OF DISMANTLER BUSINESS		PRINCIPAL'S NAME				
	DISMANTLER CERTIFICATE NUMBER	STATE WHERE SUSPENDED / REVOK	CED DATE OF SUSPENSION / REVO	CATION	EXPIRAT	ION OF SUSPENSIO	N
17	Have you ever been an owi	 ner or principal on a vehi	cle dismantler certificate in	Oregon	(exclud	ling current app	lication)?
	NO YES:	If "YES," complete Sect	tion 18.				
8	NAME OF DISMANTLER BUSINESS		PRINCIPAL'S NAME				
_ [DISMANTLER CERTIFICATE NUMBER						
-		_					
	BUSINESS LOCATION	J INFORMATION:					
	BUSINESS LOCATION		7	15405.05	DENTA	L DEDICE	
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OWNERSHIP IN					
PRINT NAME OF OWNER / PA	ARTNER / LLC MEMBER / CORPORATE OFFICER	TITLE	TELEPHON (E NUMBER	
DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF IS	SSUANCE EMAIL	/	
RESIDENCE ADDRESS		CITY		STATE	ZIP CODE
IAILING ADDRESS (IF DIFFEI	RENT)	CITY		STATE	ZIP CODE
ERTIFYING SIGNATURE OF	PRINCIPAL SHOWN ON LINE 22 ABOVE		DATE		
- -	ARTNER / LLC MEMBER / CORPORATE OFFICER	TITLE	TELEPHON	E NUMBER	
ATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF IS	SSUANCE EMAIL)	
ESIDENCE ADDRESS		CITY		STATE	ZIP CODE
AILING ADDRESS (IF DIFFEI	RENT)	CITY		STATE	ZIP CODE
	PRINCIPAL SHOWN ON LINE 27 ABOVE		DATE		
(
RINT NAME OF OWNER / PA	ARTNER / LLC MEMBER / CORPORATE OFFICER	TITLE	TELEPHON	E NUMBER	
ATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF IS	SSUANCE EMAIL		
ESIDENCE ADDRESS		CITY	!	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFE	RENT)	CITY		STATE	ZIP CODE
	PRINCIPAL SHOWN ON LINE 32 ABOVE		DATE		
<u> </u>					
	cable permits required by Oregon De	•	ntal Quality (DEC	2)?	
NO	YES: If "YES," complete Section	38.			
EQ PERMIT TITLE / NUMBER	R(S)	DATE OF ISSUE	DATE OF E	XPIRATION	
REQUIREMENTS PERTAINING	 G TO DISMANTLER BUSINESS OR PREMISES (A	TTACH A SEPARATE PAGE FOR D	ESCRIPTION AND/OR A	DDITIONAL PE	RMITS IF NECESSARY
	pies of ALL owners, partners, LL or state issued identification o	-		_	•
different than the addresses do not n	e residence address listed on	the application, subr	nit a statemen	t explain	ing why the
addresses do not i		ıst be legible.			
Fire Response Pla	n Required - Attach a fire response	plan as described in the	instructions.		_
Fire Increation De	nort Poquirod: Attach a convert	o fire increator's resert	which is bessel -	n on incr	ection of
the business premis	port Required: - Attach a copy of the ses. New and renewing dismantler a	pplications must provide	a fire inspection	report wit	hin 90 days
after being issued a approved business	in original or renewed dismantler cer		report must be s	submitted f	or all
	iocations - main and supplemental it	ications.			
	ocations - main and supplemental id	ocations.			
	ocations - main and supplemental ic	calions.			

SURETY BOND

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

\blacksquare	BOND NUMBER	•

	EASE TYPE OR PRINT LEGIB		
LET IT BE KNOWN:			
THAT			
	(INDIVIDUAL NAME OF OWNER, ALL PART	NERS OR MEMBERS, OR NAM	E OF CORPORATION
DOING BUSINESS AS	(BUSINESS NAME AS GIVEN ON THE CEF	RTIFICATE APPLICATION	
HAVING PRINCIPAL PLACE OF BUSINESS AT	(BOOMESO IV WILL NO GIVEN ON THE SET	THE PARTE DOMINER	
HAVING FRINCIPAL PLACE OF BUSINESS AT	(ADDRESS, CITY, STATE, ZIP CODE)		
WITH ADDITIONAL PLACES OF BUSINESS AT			
	(ADDRESS, CITY, STATE, ZIP CODE)		
	(ADDRESS, CITY, STATE, ZIP CODE)		
STATE OF OREGON, AS PRINCIPAL(S), AND			
CITAL CIT CITE CON, NOT THIN OIL TE (O), THE	(SURETY NAME)	,	
	(ADDRESS, CITY, STATE, ZIP CODE)	()
	(ADDRESS, CITT, STATE, ZIF CODE)	11	ELEPHONE NUMBER
A CORPORATION ORGANIZED AND EXISTING UNDER TO TRANSACT A SURETY BUSINESS IN THE STATE IN THE PENAL SUM OF \$100,000 FOR THE PAYMENT THEIR RESPECTIVE SUCCESSORS, AND ASSIGNS.	OF OREGON, AS SURETY, ARE	HELD AND FIRMLY BO	
WHEREAS, THE PRINCIPAL(S) IS APPLYING FOR A DI	SMANTLER CERTIFICATE ISSUE	D BY THE OREGON DE	PARTMENT OF TRANSPORTATION.
THE CONDITION OF THIS OBLIGATION IS SUCH THAT CONDUCT A MOTOR VEHICLE DISMANTLING BUSING FRAUD OR FRAUDULENT REPRESENTATION, AND SPECIFIED IN ORS 822.120, THEN AND IN THAT EVENUALESS CANCELED PURSUANT TO ORS 742.366(2).	NESS IN THIS STATE, SAID PR WITHOUT VIOLATION OF ANY	INCIPAL(S) MUST CON OF THE PROVISIONS	NDUCT SUCH BUSINESS WITHOUT OF THE OREGON VEHICLE CODE
THIS BOND IS EFFECTIVE AS OF THE DATE THE PR TRANSPORTATION UNTIL DEPLETED BY CLAIMS PA BY THE SURETY GIVING WRITTEN NOTICE OF SUC OREGON DEPARTMENT OF TRANSPORTATION. T BUT MAY BE RENEWED UPON THE RENEWAL OF TH	ID, UNLESS THE SURETY SOON CH CANCELLATION TO THE DR CHIS BOND SHALL EXPIRE UF	IER CANCELS THE BON VER AND MOTOR VEH	ND. THIS BOND MAY BE CANCELED HICLE SERVICES DIVISION OF THE
THIS BOND SHALL BE ONE CONTINUOUS OBLIGAT PENALTY OF THIS BOND REGARDLESS OF WHETHE TERM.			
THIS BOND IS EFFECTIVE	AND EXPIRES		, / BOND MUST EXPIRE ON THE \
(MONTH, DAY, Yi		(MONTH, DAY, YEAR	. (BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH
•	LTERATION VOIDS TH	,	,
IN WITNESS WHEREOF, THE SAID PRINCIPAL(S) AND S REPRESENTATIVE OR REPRESENTATIVES AND THE SUF	SAID SURETY HAVE EACH CAUSE	D THESE PRESENTS TO) BE EXECUTED BY ITS AUTHORIZED
THIS DAY OF	(MONTH)	(YEAR)	
IGNATURE (OWNER/PARTNER/MEMBER OR CORPORATE OFFICER)		TITLE	
X GNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)		7171 5	
X		TITLE	
SURETY'S AGENT OR REPRESENTATIVE MUST	COMPLETE THIS SECTION:	PLACES	SURETY SEAL BELOW
IN THE EVENT A PROBLEM ARISES CONCERNIN	IG THIS BOND, CONTACT:		
NAME	TELEPHONE NUMBER	-	
ADDRESS		-	
CITY, STATE, ZIP CODE			
APPROVED BY ATTORNEY GENER	AL'S OFFICE	-	
		The state of the s	