



# Motor Vehicle Division

Mail Drop 552M  
Dealer Licensing  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

38-5118 R04/12 www.azdot.gov

## DEALER RECORD MAINTENANCE

MVD License Number			
Action Requested <input type="checkbox"/> Add Branch Office (\$50.00 fee) <input type="checkbox"/> Change Business Name (\$10.00) <input type="checkbox"/> Change Location – Same County (\$10.00)			
Current Business Name		Current Business Phone (    )	
Current Trade (DBA) Name		County	
Current Business Address		City	State    Zip
New Business Name		New Business Phone (    )	
New Trade (DBA) Name		County	
New Business Address		City	State    Zip
Mailing Address		City	State    Zip
Licensee		Phone (    )	
Business Contact Name (first, middle, last, suffix)		Title	
Phone Number (    )	Fax Number (    )	E-mail Address	

### Additional Requirements

1. Rider or amendment to the Surety Bond for each change or addition of a business name.
2. If corporate name change, a statement or amendment to the Articles of Incorporation accepted by the Arizona Corporation Commission must be submitted.
3. Franchised dealers must submit a manufacturer's letter of acknowledgement or appointment for each branch office, change of location or change of business name.

### Site Assessment

This portion to be completed in full. Please indicate "N/A", if not applicable.

#### Business Sign

- a. Sign is permanently affixed or erected?  Yes     No     N/A  
If No, date of permanent affixture: \_\_\_\_\_
- b. Sign is legible for 300 feet during daylight?  Yes     No     N/A
- c. Sign is affixed to:     Building     Driveway     Residence     Office Entrance
- d. Sign reads: \_\_\_\_\_

#### Established Place of Business to be Licensed

- a. Business hours:  
 M\_\_\_\_ to\_\_\_\_     Tu\_\_\_\_ to\_\_\_\_     W\_\_\_\_ to\_\_\_\_     Th\_\_\_\_ to\_\_\_\_     F\_\_\_\_ to\_\_\_\_     Sa\_\_\_\_ to\_\_\_\_     Su\_\_\_\_ to\_\_\_\_
- b. At least two spaces have been designated to display two vehicles?  Yes     No     N/A
- c. Building will be devoted principally to the dealership business?  Yes     No     N/A  
If No, provide reason: \_\_\_\_\_
- d. Is the place of business a:     Building     Suite     Trailer     Residence  
If a suite, does it have its own private entrance from the outside?  Yes     No     N/A  
If a trailer, is it permanently affixed?  Yes     No     N/A

e. Photos – Must attach photos of:

- Business sign
- Entire lot, including space to display
- All four sides of building

- Address and hours of operation
- Records storage and office areas
- Auto recyclers: Include photo of enclosed yard

**Record Keeping**

- a. Records will be maintained at this address?  Yes  No  N/A  
 If No, will records be maintained at main location?  Yes  No  N/A
- b. If residence, is there space designated for record keeping?  Yes  No  N/A

**Certification**

I certify that my assigned motor vehicle dealer, automotive recycler or wholesale motor vehicle dealer license will not be sold, leased, rented or loaned, nor used for any purpose other than in the conduct of business by this dealership at the licensed established place of business or place of business. The business to be carried on, if license herein applied for is granted, will be conducted in compliance with the laws of the State of Arizona.

I understand that Arizona law requires a licensee to notify the Motor Vehicle Division **within 30 days** when an officer, director, partner, agent or stockholder owning 20% of the corporation is added or changed.

If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Owner, Partner or Officer Signature	Date	Title	
2nd Partner Signature	Date	3rd Partner Signature	Date

Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

**MVD Use Only**

Receive Application		Money Order/Amount	Checks/Amount
Received and Accepted By	Date		
Received and Accepted By	Date		
Received and Accepted By	Date		

Review and/or Process Application					
1 <sup>st</sup> Reviewed By/Date	2 <sup>nd</sup> Reviewed By/Date	3 <sup>rd</sup> Reviewed By/Date	1 <sup>st</sup> Return	2 <sup>nd</sup> Return	3 <sup>rd</sup> Return
Date Fees Posted To ARMANI	Date Background Check Sent To CRCU	Accepted By		Date	

Receive Background Check Report from CRCU	
Accepted By	Date

Prepare Invoice			
Processed By		Date	
Invoice Amount	Invoice Number	Supervisor Approval	Date Packet Sent