#### **USED MOTOR VEHICLE AND PARTS COMMISSION**



421 NW 13<sup>th</sup> Street, Suite 330, Oklahoma City, OK 73103 Phone: (405)521-3600 Fax: (405)521-3604

Email: okumvpc@umvpc.ok.gov www.usedcarcommission.ok.gov

## AUTOMOTIVE DISMANTLER AND PARTS RECYCLER'S LICENSE INSTRUCTION SHEET

Applications for license are presented to the Commission Board for consideration the second Tuesday of each month. The below requirements must be submitted eleven days prior to that meeting. Applications that are incomplete will be returned and will delay the application process. All licenses expire December 31st of each odd numbered year (i.e. 2019, 2021 etc.). The license will be issued only after all of the requirements have been met. Submitting an application does NOT authorize you to conduct any business as an automotive dismantler.

#### 1. INITIAL APPLICATION

- > The initial application must be completed in full, signed and notarized.
- The name of the business must reflect the type of business being conducted under this license, i.e., "auto salvage," "salvage," "used parts," etc. Contact our office for approval of the business name **before** submitting the application.
- 2. <u>\$600.00 APPLICATION FEE</u> must be in the form of check, money order or cashier's check and is nonrefundable unless the Commission denies the application. We do not accept cash or credit cards.
  - > If you are applying for both the used motor vehicle dealer license and the automotive dismantler license at the same time, the fee is \$400 each. If you are currently licensed as a used motor vehicle dealer, the fee for the dismantler's license is \$200.

#### 3. OSBI Report

- All applicants are required to submit a current report from Oklahoma State Bureau of Investigations (OSBI report). The report must include all three searches: Name Based, Sex Offender and Violent Offender. You may contact OSBI at (405)848-6724 or visit their website at https://www.ok.gov/osbi/.
- Felony Applicants: Felony Applicants must submit copies of the Judgment and Sentencing documents for all convictions. Felony applicants are required to make a personal appearance before the Board of Commissioners. All documentation must be in our office BEFORE your appearance will be scheduled.
- 4. PERSONAL HISTORY QUESTIONNAIRE must be completed for <u>all</u> applicants listed in Section Three of the Application.
- 5. OKLAHOMA DRIVER'S LICENSE must be submitted for all applicants listed in Section Three of the Application.

#### 6. FINANCIAL STATEMENT

- > Financial Statements are not public record, but are subject to review and verification. Statements which appear to be incomplete will be returned and may delay consideration of your application.
- > Corporations must submit a financial statement on the attached form for the corporation and the majority stockholder.
- > All other ownership types must submit a financial statement on the attached form for all owners sole proprietors / partners / members.

### 7. CURRENT CERTIFICATE OF INCORPORATION OR LLC, OR A CURRENT CERTIFICATE OF GOOD STANDING

➤ If the business is a Corporation, LLC, LP, or LLP you must submit a copy of the Certificate of Incorporation or LLC, **OR** a current Certificate of Good Standing issued by the Oklahoma Secretary of State. You may contact them at (405)521-3911.

# 8. PHOTOS OF OUTSIDE OF SALES OFFICE, STORAGE YARD, SIGN AND SIGHT PROOF SCREENING

- > The business must be a permanent structure separate and apart from any residence or other business and the facility must have an accessible restroom for the public.
- > The business sign must reflect the name of the business exactly as it appears on the application. The sign must be at least 3 feet by 4 feet in size, permanently mounted with permanent lettering, and visible from the nearest roadway. **Banners are not permitted.**
- The business must have sight proof fencing or other appropriate screening such as natural objects or planting. Screening must block vehicles and parts from the view of immediately adjacent property.

9. <u>LETTER OR PERMIT FROM THE CITY OR COUNTY</u> reflecting the lot address and showing approval of local zoning requirements for automotive dismantling. If there are no zoning requirements, you will need to submit a letter from the appropriate authority stating such.

### 10. LETTER FROM THE DEPARTMENT OF TRANSPORTATION

If your location is within a 1000 feet of a state or federal highway you must submit a letter from the Department of Transportation approving your location.

# 11. SALES TAX NUMBER ISSUED BY THE OKLAHOMA TAX COMMISSION, SALES TAX DIVISION

#### 12. NATIONAL MOTOR VEHICLE TITLE INFORMATION SYSTEM NUMBER

#### 13. PERMIT FROM THE DEPARTMENT OF ENVIRONMENTAL QUAILTY

The permit must reflect that you are in compliance with DEQ's requirements for your business operation at your location to be licensed. You may contact them at (405)702-6209.

## 14. PROOF OF USABLE PHONE

The business phone must be listed with local directory assistance in the business name and address as it appears on the initial application.

### 15. INSPECTION AND APPROVAL OF THE LOCATION BY A COMMISSION INSPECTOR

> A Commission inspector will contact you to schedule an inspection after the Board of Commissioners meet.



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# INITIAL APPLICATION FOR AUTOMOTIVE DISMANTLER AND PARTS RECYCLER'S LICENSE

OF OTION ONE DEAL FROUD INFORMATION	_						
SECTION ONE: DEALERSHIP INFORMATION	NI A MC						
YOU MUST CALL OUR OFFICE FOR APPROVAL OF YOUR BUSINESS NAME BUSINESS NAME			PHONE				
DOUNTED HANKE							
ENTITY NAME (IF ANY)		,	EMAIL				
PHYSICAL ADDRESS	CITY		STATE	ZIP CODE	COUNTY		
THI GIONE NOW NEEDS			0111111				
MAILING ADDRESS	CITY	:	STATE	ZIP CODE			
SECTION TWO: TYPE OF OWNERSHIP							
CHECK ONLY ONE							
☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liabiliti	ty Company	Limited	Partnership	Limited Li	iability Partnership		
SECTION THREE: OWNERSHIP INFORMATION							
COMPLETE THE FOLLOWING SECTION INDICATING ALL PARTIES W	ITH ANY OWN			HE BUSINES	<b>S</b>		
FULL NAME		PHO	NE NUMBER		OWNERSHIP %		
FULL NAME	· · · · · · · · · · · · · · · · · · ·	PHO	NE NUMBER		OWNERSHIP %		
FULLNAME		PHO	NÉ NUMBER		OWNERSHIP %		
FULL NAME		PHO	NE NUMBER		OWNERSHIP %		
FULL NAME		PHO	NE NUMBER		OWNERSHIP %		
NAME NAME		ADDI	RESS				
If corporately owned, list Oklahoma Service agent:							
SECTION FOUR: BACKGROUND INFORMATION	ما مدا می سام ما		a a mia a lii i a	a falanu?			
Have any of the applicants listed in Section Four ever been convict	ea of or plea (	julity of Ti	Contest	a lelony?	□ Yes □ No		
SECTION FIVE: GENERAL INFORMATION  1. National Motor Vehicle Title Information System number (NMV)	/TIS):		_				
Is the property where the business is located owned or leased					☐ Owned		
Date purchased/leased?							
3. Is the location of the business a residence?					□ Yes □ No		
4. Is dismantling the principal business to be conducted at the location?					□ Yes □ No		
5. Will this location be shared with another licensed dealer?					□ Yes □ No		
SECTION SIX: ATTESTATION		1 - 4b - b - 4	- f. may . lum ay . d	والموالم والموا	for the state of the second second		
I hereby certify that the statements in or attached to this application are to of this organization are familiar with the provisions of the law under which							
designated officer of the corporation, have authority to make the statement	nts contained h	erein. I furth	er understar	d that this app	lication has no legal		
effect in the use of the benefits of an automotive dismantler and parts in	recycler until su	ich time as	an automoti	ve dismantler	and parts recycler's		
license is approved and issued to the applicant by the Used Motor Vehi	icle and Parts (	Commission	n. Failure to				
misrepresentation is grounds for denial or subsequent revocation of	f license or \$1,		).				
Date Signature		Title					
				<u> </u>			
State of ) Subscribed and sworr	n to before me t	nıs	day of	<del></del>			
) SS.				Motor Dubli-	<del></del>		
County of)		0		Notary Public			
My Commission Expires:		Comm	ission #				

# PERSONAL HISTORY QUESTIONNAIRE

BUSI	NESS NAME							
NAME	AME CONTACT P					<u>,                                      </u>		
DATE	OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE	DRIVER'S LICENSE NUMBER				
НОМ	E ADDRESS	CITY	STATE	ZIP	ı	_		
GE	NERAL INFORMATION							
1.	<ol> <li>Are you a U.S. Citizen? If no, attach a copy of your USCIS Immigration documents verifying the qualified alien status.</li> </ol>						No	
2.	2. Have you ever been known by or used any other name(s)? If yes, what names?				Yes		No	
3.	3. Are you presently licensed or have you ever been licensed by this Commission in any capacity?  If yes, in what capacity, specify the business name and dates.				Yes		No	
4.	4. Have you ever been licensed as a dealer or salesperson in any other state?				Yes		No	
	If yes, have you ever been denied or had a license suspended or revoked in any state?  If yes, please specify state, date and circumstance.				Yes		No	
5.	5. Have you ever been convicted of or pled guilty or "no contest" to a felony?				Yes		No	
<b>Felony Applicants:</b> Felony Applicants must submit copies of the Judgment and Sentencing documents for all convictions. Felony applicants are required to make a personal appearance before the Board of Commissioners. All documentation must be in our office BEFORE your appearance will be scheduled.								
l co the my	ertify under penalty of perjury that the Used Motor Vehicle and Parts Covicense. Failure to provide information of the license or \$1000 fi	mmission to make any backgroun r <mark>mation or material misreprese</mark>	d investigation necessary pri ntation is grounds for de	or to th	ne issi	uanc	e of	
Date	Signature		Title					
	e of ) Sub ) ss. nty of )	oscribed and sworn to before me this	day of				·	
	Notary Public							
Му (	Commission Expires:		Commission #					

# FINANCIAL STATEMENT

NOTE: All information on this financial statement is CONFIDENTIAL. It will not be disclosed to anyone outside this agency.

### READ THIS PARAGRAPH BEFORE PROCEEDING:

The Financial Statement you are submitting may determine whether you will be granted a used motor vehicle dealer's license. If you do not list adequate assets to show that you are financially able to successfully operate a business, your application will be denied. A Financial Statement prepared by your accountant is preferred and will improve the ability of the Commission to assess your financial status. If you choose instead to fill out the form below, provide complete information about your assets and liabilities. Provide detailed information as though you were applying for a bank loan. You may wish to add a partner or member to your business entity if your own financial standing is inadequate. The time to consider that is before you apply. You will not be given an opportunity to add assets once your application is submitted.

			<del></del>				
BUSINESS NAME							
NAME	CONTACT PHONE						
FLOORING/FINANCIAL ORGANIZATION		ADDRESS					
FLOORING/FINANCIAL ORGANIZATION ACCOUNT NUMBER		PERSON(S) AUTHORIZED TO DRAFT/SIGN ON THE ACCOUNT					
LIST BANKS AND ACOUNT NUMBERS	<u></u>						
ASSETS	AMOUNT	LIABILITIES	AMOUNT				
Checking		Notes Payable to Relative/Friends (attach list)					
Savings		Notes Payable to Bank (attach list)					
Floor Plan Credit Line		Accounts and Bills Payable (attach list)					
Cash on Hand		Chattel Mortgages					
Stocks and Bonds (attach list)		Credit Cards Payable					
Notes Receivable (attach list)		Income Tax Payable					
Accounts Receivable (attach list)		Other Unpaid Taxes and Interest					
Real Estate owned (attach list of address & value)		Amounts Payable to others (secured)					
Mortgage & Contracts owned (attach list)		Amounts Payable to others (unsecured)					
Auto: Year Make		Mortgages & Liens on Real Estate					
Auto: Year Make		Court Ordered Payments					
Auto: Year Make		Judgements Outstanding					
Personal Property							
Other Assets (attach list)							
TOTAL ASSETS		TOTAL LIABILITES					
Total Net Worth (Assets minus Liabilities): \$	· I · · · · · ·	1					

MONTHLY INCOME	AMOUNT	CONTIGENT LIABILITES		AMOUNT		
Salary		As Guarantor, Endorser and/or Co-Signer				
Salary Source	· - <del></del>	On Discounted Paper, Leases or Contracts				
Bonus and Commissions		On Surety Bonds	T			
Dividends		Lawsuit or Other Liabilities (Specify)	1			
Real estate Income	···					
Other Income (list amounts and sources)						
TOTAL		TOTAL				
Other Business Interests:			- 1			
					,	
GENERAL INFORMATION						
<ol> <li>Are any assets pledged or mortgaged other than shown previously on this statement?</li> <li>If yes, please explain?</li> </ol>				Yes		No
<ol> <li>Has the undersigned been a defendant in any lawsuits or legal actions regarding financial matters within the last five Years?</li> <li>If yes, please explain?</li> </ol>				Yes		No
<ol> <li>Has the undersigned ever filed bankruptcy?         If yes, give the name(s) it was filed under, where it was filed and what happened. You must attach copies of the documents and court papers.     </li> </ol>				Yes		No
4. Are you solvent in the sense your assets exceed your liabilities and in the sense that you can meet your obligations as they become mature?				Yes		No
CERTIFICATION						
I certify that this financial statement represents my true financial status as of this date, and I hereby authorize investigation of my financial records and other sources as necessary for licensing.						
DATE		SIGNATURE				