STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES

DEALERS AND REPAIRERS LICENSING UNIT

Contact us at DMV.DR@CT.GOV



ALL INFORMATION MUST BE TYPEWRITTEN OR NEATLY PRINTED

SECTION	1 - BUSINESS AND MAN	AGEMENT INFORM	ATION	
BUSINESS NAME				OYER IDENTIFICATION NO. No. for Sole Proprietor)
DOING BUSINESS AS (If a d/b/a is used)		E Mail Address	s	
BUSINESS ADDRESS (No. and Street)	(City or Town)	(State)		(Zip Code)
MAILING ADDRESS (if different)	(City or Town)	(State)		(Zip Code)
MANAGER, OPERATOR, CONTACT PERSON	BUSINESS TELEPH	ONE NUMBER		
CT SALES TAX ID #	NAME AND LICENS	E NUMBER OF COMPANY CONTR	ACTED TO REMOVE H	AZARDOUS WASTE
	SECTION 2A - PERSONN			
NAME OF PERSON DESIGNATED TO HANDLE DMV COMP	PLAINTS NUMBER OF ANTIC Sales	IPATED EMPLOYEES Office	Repairs	Helpers
NAME(S) OF QUALIFIED INDIVIDUALS TO PERFORM TH (NIASE, ASM TECH, ETC.)	E REPAIRS YOU WILL BE DOING (INCL	UDING CERTIFICATES OR CREDE	ENTIALS ISSUED, SHOV	VING DATES OF EXPIRATION
NAME(S) OF QUALIFIED SALES PERSONNEL TO CONDUC	CT VEHICLE SALES			

SECTION 2B - PERSONNEL INFORMATION

FOR EACH APPLICANT LISTED ON THE K7 APPLICATION LIST ALL BUSINESSES OWNED, INCLUDING THOSE WHICH ARE DISSOLVED.

OWNER	BUSINESS NAME	SALES TAX ID #

SECTION 2C - PERSONNEL INFORMATION - CONTINUED

PREPARE IN RESUME FORMAT DESCRIBING THE LAST 5 YEARS OF WORK HISTORY

Beginning with PRESENT OR MOST RECENT employment experience and working backward, each owner, officer, manager or member and one mechanic must list all positions held which are necessary for determining their eligibility as a licensee. List all positions (titles) separately, even if with the same employer. Clearly

Continue the number sequence for additional jobs listed. You must fill out this application completely even if a resume is being attached.

NAME OF APPLICANT 1	OFFICIAL JOB TITLE (Start with mo	ost recent job)	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS				DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month Year	EMPLO Mont	YED TO: h Year	TOTAL (Yrs., Mos.)
IN DETAIL, DESCRIBE YOUR MECHANICAI DEALER'S OR REPAIRER'S LICENSE.	., SALES AND/OR MANAGEMENT EXPERIENC	E (In Detail) AS	ERELATED TO A	
APPLICANT NUMBER 2	OFFICIAL JOB TITLE (Start with me	ost recent job)	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS				DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month Year	Mont	EMPLOYED TO: h Year	TOTAL (Yrs., Mos.)
APPLICANT NUMBER 3	OFFICIAL JOB TITLE (Start with mo	ost recent job)	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS				DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month Year	:	YED TO: onth Year	TOTAL (Yrs., Mos.)
IN DETAIL, DESCRIBE YOUR MECHANICAL DEALER'S OR REPAIRER'S LICENSE.	, SALES AND/ OR MANAGEMENT EXPERIENC	i E (In Detail) AS	RELATED TO A	

ATTACH ADDITIONAL PAGES IF NECESSARY

		SECTION 3 - SITI	E / OFFICE INFORMA	TION		
	NUMBER OF REPAIR BAYS	WASTE OIL TANK (S	Size and Location)			
	SALES DEPARTMENT (If dealer)		PARTS DEPARTMENT			
	Sinces Der mit millit (j) uturer)					
POSTED						
BUSINESS HOURS						
(Days & Hours Open to	SERVICE DEPARTMENT		TOWING DEPARTMENT			
the Public)						
	PURCHASE ORDERS SALES INV		AR BUYER'S ESTIMATE ORDE	RS WAIVERS OF ESTIMATES LO	DAN AGREEMENT FORMS	5
DO YOU HAVE THE	YES NO YES	NO GUIDES YES		YES NO	YES NO	
FOLLOWING REQUIRED FORMS?	SUPPLEMENTAL I.D. CARDS	REPAIR ORDERS FEDER	RAL ODOMETER STATEMENTS	PROVISIONS FOR DOCUMENTING	TOW RECORD INVO	ICES
(Sales and related forms for Dealers only)	YES NO	YES NO	YES NO	ORAL AUTHORIZATIONS TO PERFORM REPAIR)	
Joi Dealers only)	CONSUMER INFORMATION SIGN	LEMON LAW SIGN (New C	ar dealer) LABOR RATE SIGN	VIN ETCHING	DEALER CONVEYAN	CE FEES
	YES NO	YES NO	N/A YES NO	N/A YES NO N/A	A YES	NO
DO YOU HAVE THE FOLLOWING	APPROVED TOWED VEHICLES S	STORAGE RATES SAFETY	INSPECTION FORM (K208)		1	
REQUIRED SIGNS?	YES NO N/A					
	0					
	5.	ECTION 4 - INITI	IAL REQUEST FOR M	IAKKER PLATES		
	NUMBER OF FULL TIME EMPI					
				: FOLLOWING NUMBER OF PLATES (LE, SX PLATES REQUIRE GROSS WEI		
	DESCRIBE THE REED FOR TH	E AMOUNT OF TEATES FOR	ARE REQUESTING. IF ATTEICAD	LE, 5A I LA IES REQUIRE GROSS WE		
			PECIAL COMMERCIA	L SX PLATES (IF APP)		
	SECTION 4A - R GROSS VEHICLE WEIGHT PLAT		PECIAL COMMERCIA		LICABLE) IMBER OF PLATES	
			PECIAL COMMERCIA			
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DMV USE			PECIAL COMMERCIA			
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SECTION 5 - QUESTIONNAIRE/SUMMARY INFORMATION

THE FOLLOWING SECTION IS A QUESTIONNAIRE DESIGNED TO PROVIDE FURTHER DETAIL AS TO YOUR KNOW ABILITY TO PROPERLY OPERATE UNDER THE LICENSE FOR WHICH YOU ARE MAKING APPLICATION. THIS SEC COMPLETED BY EACH OWNER, OFFICER AND MEMBER AS LISTED IN SECTION 2 OF THIS FORM. COPY AND A ADDITIONAL INFORMATION, IF APPLICABLE.	CTION MUST BE
Has the applicant, any partner, any LLC member or officer of said applicant ever been arrested, charged with, convicted of or plead no contest to a misdemeanor/crime, excluding traffic violations?	ny felony or
If YES, give full details on a separate sheet including crime, type (felony or misdemeanor), date, place of conviction, sentence received, etc. You m copies of all final court judgments for those convictions. Failure to comply will result in your license being delayed or not approved.	ust also attach
Has the applicant, any partner, any LLC member or any director or officer of said application ever :	
a. Had a motor vehicle dealers's or repairer's or recycler's license subjected to denial or disciplinary action? YES NO	
b. Had any other type of occupational license (excluding driver's license) subjected to denial or disciplinary action? 🗌 YES 🔲 NO	
c. Been found liable in a civil action for odometer fraud or operating a dealer, repairer, or motor vehicle recycler YES NO business without a license.	
Any "yes" answer above must be explained fully in a separate letter signed and dated by applicant.	
ACKNOWLEDGE THE FOLLOWING STATEMENTS BY INITIALING THE BLANK	
I understand that it is my responsibility to employ at least one qualified mechanic who has a thorough knowledge of the product handled and the services to be rendered, including sufficient tools and equipment for proper servicing.	INITIALS
I understand that any owner, officer or employee that has use of dealer/repairer plates during or after business hours is required to carry a supplemental I.D. Card with them and a record of same is to be maintained at the place of business in accordance to law.	INITIALS
I understand that after hours usage of dealer/repairer plates may only be used by bonafide full time employees for which legitimate payroll deductions are taken, or by owners/officers/managers of my business, or on legal loan as specified by state law.	INITIALS
I understand that an individual that is not employed legitimately by my business may not use a dealer/repairer plate for any reason unless it is issued on legal loan as specified by state law.	INITIALS
I understand that prior to performing any repair work to a motor vehicle, I must obtain authorization from the customer and provide cost estimate in accordance to state law.	INITIALS
I understand that if licensed as a motor vehicle dealer I must provide sales customers with proper purchase order, sales invoice, K208 and Federal odometer statement in accordance to State and Federal law.	INITIALS
I understand that my business is responsible for the actions of my employees relative to the customers of my business whether I authorized their actions or not and any illegal use of dealer or repairer plates.	INITIALS
I understand that a DMV administrative hearing can be held which would suspend/revoke my license for failure to conduct my business in accordance with the General Statutes and Regulations of Connecticut State Agencies.	INITIALS

SECTION 6 - NOTARIZATION

DO NOT SIGN BELOW WITHOUT WITNESS OF A NOTARY OR INSPECTOR

Pursuant to CSG 53a-157b, i declare that the statements made by me in this application or in any documents attached hereto are true and complete to the best of my knowledge and belief.

QUALIFIED PERSON (Name Printed)				POSITION WITH BUSINESS					
PRINCIPAL'S	SIGNATURE					DRIVEI	R'S LICENSE NUMI	BER	
Х									
	RIBED AND O BEFORE ME	PLACE SWORN				DATE S	WORN		
signatu X	RE OF NOTARY PUE	LIC OR INSPECTOR				PRINTE	D NAME OF NOTAL	RY PUBLIC OR I	NSPECTOR
DMV		d General	LICENSE NUMBER	PLATE NO.	NO. OF PL	ATE SETS	TAX TOWN	ТҮРЕ	
USE ONLY	STATUS OF APPLICATION AUTHORIZED SIGNATURE Approved Disapproved				DMV USE ONLY	- MANUFACTUR	EER LICENSE NO.		