

<b>DMV USE ONLY</b>	TYPE OF LICENSE APPLIED FOR				LICENSE NUMBER	PLATE NO.	NO. OF PLATE SETS	TAX TOWN	TYPE
	<input type="checkbox"/> New Dealer	<input type="checkbox"/> Used Dealer	<input type="checkbox"/> General Repairer	<input type="checkbox"/> Limited Repairer	STATUS OF APPLICATION		AUTHORIZED SIGNATURE		
	<input type="checkbox"/> Other (Explain)				<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	X		

LICENSE INSPECTION APPLICATION  
K-8 REV. 4-2017



STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
DEALERS AND REPAIRERS SECTION



**ALL INFORMATION MUST BE TYPEWRITTEN OR NEATLY PRINTED**

**SECTION 1 - BUSINESS AND MANAGEMENT INFORMATION**

BUSINESS NAME	FEDERAL EMPLOYER IDENTIFICATION NO. (Social Security No. for Sole Proprietor)
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DOING BUSINESS AS (If a d/b/a is used)

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 TELEPHONE NUMBER	E-Mail Address
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DEPARTMENT OF REVENUE SERVICES TAX IDENTIFICATION NUMBER	NAME AND LICENSE NUMBER OF COMPANY CONTRACTED TO REMOVE HAZARDOUS WASTE
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OTHER LICENSES HELD (Leasing, Gasoline, etc. Description and License Number of each)

FRANCHISES (New Car Dealers Only)	DMV USE ONLY - MANUFACTURER LICENSE NO.
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**SECTION 2A - PERSONNEL INFORMATION**

NAME OF PERSON DESIGNATED TO HANDLE DMV COMPLAINTS	NUMBER OF ANTICIPATED EMPLOYEES			
	Sales	Office	Repairs	Helpers

NAME(S) OF SALES PERSONNEL WHO HAVE COMPLETED A DMV REGISTRY PROCEDURE SEMINAR

NAME(S) OF QUALIFIED REPAIR PERSON(S) TO PERFORM THE REPAIRS YOU WILL BE DOING

NAME(S) OF QUALIFIED SALES PERSONNEL TO CONDUCT VEHICLE SALES

**SECTION 2B - PERSONNEL INFORMATION**

NAME(S) OF CERTIFIED PERSONNEL AND COPIES OF ANY CERTIFICATE OR CREDENTIALS ISSUED SHOWING DATE OF EXPIRATION (NAISE, ASM TECH, ETC.)

**SECTION 2C - PERSONNEL INFORMATION**

<b>TYPE OF OWNERSHIP (Check one)</b> <input type="checkbox"/> <b>SOLE PROPRIETOR</b> <input type="checkbox"/> <b>PARTNERSHIP</b> <input type="checkbox"/> <b>CORPORATION</b> <input type="checkbox"/> <b>LLC</b>					
NAME		POSITION WITH BUSINESS (Officer, President)		DUTIES WITH BUSINESS (Mechanic, Sales manager, etc.)	
HOME ADDRESS (No. and Street)		(City of Town)		(State) (Zip Code)	
SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
NAME		POSITION WITH BUSINESS (Officer, President)		DUTIES WITH BUSINESS (Mechanic, Sales manager, etc.)	
HOME ADDRESS (No. and Street)		(City of Town)		(State) (Zip Code)	
SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
NAME		POSITION WITH BUSINESS (Officer, President)		DUTIES WITH BUSINESS (Mechanic, Sales manager, etc.)	
HOME ADDRESS (No. and Street)		(City of Town)		(State) (Zip Code)	
SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
NAME		POSITION WITH BUSINESS (Officer, President)		DUTIES WITH BUSINESS (Mechanic, Sales manager, etc.)	
HOME ADDRESS (No. and Street)		(City of Town)		(State) (Zip Code)	
SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
NAME		POSITION WITH BUSINESS (Officer, President)		DUTIES WITH BUSINESS (Mechanic, Sales manager, etc.)	
HOME ADDRESS (No. and Street)		(City of Town)		(State) (Zip Code)	
SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
NAME		POSITION WITH BUSINESS (Officer, President)		DUTIES WITH BUSINESS (Mechanic, Sales manager, etc.)	
HOME ADDRESS (No. and Street)		(City of Town)		(State) (Zip Code)	
SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
NAME		POSITION WITH BUSINESS (Officer, President)		DUTIES WITH BUSINESS (Mechanic, Sales manager, etc.)	
HOME ADDRESS (No. and Street)		(City of Town)		(State) (Zip Code)	
SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
NAME		POSITION WITH BUSINESS (Officer, President)		DUTIES WITH BUSINESS (Mechanic, Sales manager, etc.)	
HOME ADDRESS (No. and Street)		(City of Town)		(State) (Zip Code)	
SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	

**LIST OWNERS, PARTNERS, MEMBERS (LLC), MANAGERS (LLC) OR CORPORATE OFFICERS**

*Personnel Information Must be Completed For Each Person as Listed on the K-7*

*Photo Copy of Drivers License For All owners Must be Attached.*

**DMV USE ONLY**  
*(Inspector's comments)*

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**Prepare Personnel Information - Section 2D for each Owner, Officer, Partner or Member Listed in Section 2C**

**SECTION 2D - PERSONNEL INFORMATION - CONTINUED**

**INSTRUCTIONS**

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

Beginning with **PRESENT OR MOST RECENT** employment or volunteer experience and working backward, each owner, officer, manager or member 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 describe the work (duties) they personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. 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	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

FIRST APPLICANT REFERENCE NUMBER 2	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

FIRST APPLICANT REFERENCE NUMBER 3	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

**ATTACH ADDITIONAL PAGES IF NECESSARY**

**Prepare Personnel Information - Section 2D for each Owner, Officer, Partner or Member Listed in Section 2C**

**SECTION 2D - PERSONNEL INFORMATION - CONTINUED**

**INSTRUCTIONS**

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

Beginning with **PRESENT OR MOST RECENT** employment or volunteer experience and working backward, each owner, officer, manager or member 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 describe the work (duties) they personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. Continue the number sequence for additional jobs listed. You must fill out this application completely even if a resume is being attached.

NAME OF SECOND APPLICANT	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

SECOND APPLICANT REFERENCE NUMBER 2	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

SECOND APPLICANT REFERENCE NUMBER 3	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

**ATTACH ADDITIONAL PAGES IF NECESSARY**

**Prepare Personnel Information - Section 2D for each Owner, Officer, Partner or Member Listed in Section 2C**

**SECTION 2D - PERSONNEL INFORMATION - CONTINUED**

**INSTRUCTIONS**

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

Beginning with **PRESENT OR MOST RECENT** employment or volunteer experience and working backward, each owner, officer, manager or member 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 describe the work (duties) they personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. Continue the number sequence for additional jobs listed. You must fill out this application completely even if a resume is being attached.

NAME OF THIRD APPLICANT	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

THIRD APPLICANT REFERENCE NUMBER 2	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

THIRD APPLICANT REFERENCE NUMBER 3	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

**ATTACH ADDITIONAL PAGES IF NECESSARY**

**Prepare Personnel Information - Section 2D for each Owner, Officer, Partner or Member Listed in Section 2C**

**SECTION 2D - PERSONNEL INFORMATION - CONTINUED**

**INSTRUCTIONS**

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

Beginning with **PRESENT OR MOST RECENT** employment or volunteer experience and working backward, each owner, officer, manager or member 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 describe the work (duties) they personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. Continue the number sequence for additional jobs listed. You must fill out this application completely even if a resume is being attached.

NAME OF FOURTH APPLICANT	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

FOURTH APPLICANT REFERENCE NUMBER 2	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

FOURTH APPLICANT REFERENCE NUMBER 3	OFFICIAL JOB TITLE <i>(Start with most recent job)</i>	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month   Year	EMPLOYED TO: Month   Year	TOTAL <i>(Yrs., Mos.)</i>

MECHANICAL, SALES, MANAGEMENT EXPERIENCE *(In Detail)* AS RELATED TO A DEALER OR REPAIRER LICENSE.

**ATTACH ADDITIONAL PAGES IF NECESSARY**



**SECTION 5 - REPAIR SERVICE INFORMATION**

CHECK ALL OF THE TYPES OF REPAIRS YOUR BUSINESS WILL BE CONDUCTING

- LIMITED REPAIR     GENERAL REPAIR     MAJOR COLLISION REPAIR     BRAKE REPAIR     FRONT END REPAIR     TOWING SERVICE  
 ENGINE OVERHAULS     TRANSMISSION REBUILDING     BODY REPAIR     PAINTING     ALIGNMENT

IF PRIMARY TYPE OF REPAIR IS A SPECIALTY SHOP OR FRANCHISE BUSINESS, PLEASE EXPLAIN HERE

LIST ALL EQUIPMENT AND TOOLS TO PROVIDE ALL TYPES OF REPAIRS YOUR BUSINESS WILL BE CONDUCTING *(Verified upon DMV Inspection)*

**DMV USE ONLY**  
*(Inspector's comments)*

Area with horizontal dashed lines for DMV use only.



**THE FOLLOWING TWO SECTIONS ARE TO BE COMPLETED AT THE TIME OF INSPECTION IN THE PRESENCE OF DMV INSPECTOR.**

**SECTION 6 - QUESTIONNAIRE/SUMMARY INFORMATION**

THE FOLLOWING SECTION IS A QUESTIONNAIRE DESIGNED TO PROVIDE FURTHER DETAIL AS TO YOUR KNOWLEDGE AND ABILITY TO PROPERLY OPERATE UNDER THE LICENSE FOR WHICH YOU ARE MAKING APPLICATION. THIS SECTION MUST BE COMPLETED BY AN OWNER/OFFICER, MEMBER/MANAGER AS LISTED IN SECTION 2C OF THIS FORM

Has the applicant, any partner, any LLC member or manager, or any corporate stockholder, director or officer of said applicant ever been arrested, charged with, convicted of or plead no contest to any felony or misdemeanor/crime, excluding traffic violations?  YES  NO

If YES, give full details on a separate sheet including crime, type (felony or misdemeanor), date, place of conviction, sentence received, etc. You must also attach copies of all final court judgments for those convictions. Failure to comply will result in your license being delayed or denied.

Has the applicant, any partner, any LLC member or manager, or any corporate stockholder, director or officer of said applicant ever :

- a. Had a motor vehicle dealers's or repairers or recyclers 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. Filed or been declared bankrupt?  YES  NO

Any "yes" answer above must be explained fully in a separate letter signed and dated by applicant.

Is your driver's license or the license of any owner/officer, member/manager of this business currently under suspension?  YES  NO

If YES, list the individual(s) name(s) below and the offense that resulted in suspension.

**ACKNOWLEDGE THE FOLLOWING STATEMENTS BY INITIALING THE BLANK**

I understand that any owner/officer/manager 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 after 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 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 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.

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 7 - NOTARIZATION**

**DO NOT SIGN BELOW WITHOUT WITNESS OF A NOTARY OR INSPECTOR**

UNDER THE PENALTIES OF FALSE STATEMENT, ALL THE INFORMATION LISTED IN THE PRECEDING PAGES IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

QUALIFIED PERSON (Name Printed)		POSITION WITH BUSINESS	
PRINCIPAL'S SIGNATURE <b>X</b>		DRIVER'S LICENSE NUMBER	
<b>SUBSCRIBED AND SWORN TO BEFORE ME</b>	PLACE SWORN	DATE SWORN	
SIGNATURE OF NOTARY PUBLIC OR INSPECTOR <b>X</b>		PRINTED NAME OF NOTARY PUBLIC OR INSPECTOR	

**INSPECTOR'S COMMENTS**

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