STATEMENT OF FINANCIAL CONDITION
K-193 NEW 10-2002

INSTRUCTIONS:
This form must be completed/authorized by a Certified Public Accountant.

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DEALERS AND REPAIRERS DIVISION
On The Web At: ct.gov/dmv

FINANCIAL CONDITION AS OF: *(Indicate date)*

TRADE NAME ON DEALER APPLICATION

STATEMENT FOR *(Check One)*
☐ Partnership *(each owner must fill out a separate form)*
☐ Individual/Owner ☐ Corporation ☐ Ltd. Liab. Co.

INDIVIDUAL AND PARTNERSHIP OWNER APPLICANTS ONLY

INDIVIDUAL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SPOUSE'S NAME

CURRENT EMPLOYER	POSITION	LENGTH OF EMPLOYMENT

CORPORATION AND LIMITED LIABILITY COMPANY APPLICANTS ONLY

CORPORATE/COMPANY NAME	INCORPORATED/ORGANIZED IN STATE OF	DATE OF INCORPORATION/ORGANIZATION

CORPORATE/COMPANY ADDRESS *(Street, City, State, Zip Code)*

THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

ASSETS	IN DOLLARS *(Omit Cents)*	LIABILITIES	IN DOLLARS *(Omit Cents)*
CASH IN FOLLOWING BANK(S) *(Submit Verification)* **Bank Name:**		**Real Estate Mortgages** *(See Schedule E)*	
Bank Name:		**Automobile Loans** *(See Schedule F)*	
Bank Name:		**Credit Card Payable** *(See Schedule G)*	
Marketable Securities *(See Schedule A, Submit Verification)*		**Other Notes Payable** *(See Schedule H)*	
Non-Marketable Securities *(See Schedule B)*		**Income Taxes Due**	
Notes Receivable *(See Schedule C)*		**Other Unpaid Taxes**	
Accounts Receivable *(See Schedule D)*		**Other Debts** *(Itemize)*	
Real Estate *(See Schedule E)*			
Motor Vehicles Used by Business *(See Schedule F, Submit Title or Registration as Verification)*			
Assets *(Itemize. Do NOT include furniture, appliances, jewelry or collectibles - guns, coins, etc.)*			
MOTOR VEHICLES - *(Inventory offered for sale)*			
TOTAL INVENTORY FOR SALE *(Not including Motor Vehicles)*			
		TOTAL LIABILITIES	
TOTAL ASSETS		**NET WORTH** (Assets minus Liabilities)	

DO YOU HAVE ANY OF THE FOLLOWING?

1. Contingent liabilities as endorser, comaker or guarantor on any leases or contracts? ☐ **YES*** ☐ **NO**

2. Contingent liabilities in pending legal actions? ☐ **YES*** ☐ **NO**

3. Contested income or other tax liens? ☐ **YES*** ☐ **NO**

4. Outstanding judgments or non-tax liens? ☐ **YES*** ☐ **NO**

5. Outstanding debts referred to a collection agency? ☐ **YES*** ☐ **NO**

6. Other special debts or circumstances? ☐ **YES*** ☐ **NO**

IF "YES", TO ANY OF THE ABOVE, PLEASE INDICATE THE AMOUNT OF THE LIABILITY AND EXPLAIN ON A SEPARATE SHEET OF PAPER

DO YOU HAVE A LINE OF CREDIT? ☐ **YES** ☐ **NO**

IF "YES", INDICATE AMOUNT AND ATTACH A VERIFICATION LETTER FROM THE LENDING INSTITUTION.

AMOUNT?

The undersigned acknowledges and understands that the Department of Motor Vehicles is relying on the information provided herein when deciding whether to grant or deny a license. The undersigned certifies that the information provided herein is true, correct, and complete. The undersigned authorizes the DMV to make all inquires deemed necessary, including credit bureau inquiries, to verify the accuracy of this information and determine the financial fitness of the applicant.

SIGNATURE *(Owner, Partner, LLC Member/Manager or Corporate Officer)*	TITLE	DATE
X		

SCHEDULE A - U.S. GOVERNMENT & MARKETABLE SECURITIES *(Submit Verification)*

NUMBER OF SHARES OR FACE VALUE OF BONDS	DESCRIPTION	IN NAME OF	REGISTERED, PLEDGED, OR HELD BY OTHERS?	MARKET VALUE

SCHEDULE B - NONMARKETABLE SECURITIES *(**Method used in arriving at the value of these securities must be explained in an attachment)*

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	MARKET VALUE

SCHEDULE C - NOTES RECEIVABLE

NAME AND ADDRESS *(STREET AND CITY)* FROM WHOM DUE	FOR WHAT IS IT DUE	DATED	MATURITY	AMOUNT

SCHEDULE D - ACCOUNTS RECEIVABLE

NAME AND ADDRESS *(STREET AND CITY)* FROM WHOM DUE	FOR WHAT IS IT DUE	WHEN SOLD	WHEN DUE	AMOUNT

SCHEDULE E - REAL ESTATE

DESCRIPTION OF PROPERTY	TITLE IN NAME OF	COST	DATE ACQUIRED	AMOUNT OWED	MONTHLY PAYMENTS	MONTHLY INCOME	MARKET VALUE
			TOTALS				

SCHEDULE F - MOTOR VEHICLES

(Submit copy of title front and back showing ownership transfer to business or registration for verification)

DESCRIPTION	YEAR MFG'D	YEAR PURCHASED	PURCHASE PRICE	AMOUNT OWED	MONTHLY PAYMENT AMOUNT	CURRENT WHOLESALE VALUE
			TOTALS			

SCHEDULE G - CREDIT CARD PAYABLE

COMPANY	DATE OPENED	HIGH CREDIT	AVERAGE MONTHLY PAYMENT	CURRENT BALANCE

SCHEDULE H - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS *(***If yes, list collateral in an attachment)*

NAME AND ADDRESS OF CREDITOR	ORIGINAL LOAN/ LINE AMOUNT	DATE OF LOAN	MATURITY DATE	***SECURED?	MONTHLY PAYMENT	AMOUNT OWED

CERTIFIED PUBLIC ACCOUNTANT AUTHORIZATION

SIGNATURE OF CERTIFIED PUBLIC ACCOUNTANT	DATE SIGNED
X	