DMV USE ONLY	TYPE OF LICENSE APPLIED FOR	LICENSE NUMBER	PLATE NO.	NO. OF PLATE SETS	TAX TOWN	TYPE
	☐ New Dealer ☐ Used Dealer ☐ General Repairer ☐ Limited Repairer ☐ Other (Explain)	STATUS OF APPLICATION ☐ Approved ☐ Disapproved		AUTHORIZED SIGNATURE X		

LICENSE INSPECTION APPLICATION
K-8 REV. 6-2002

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*)

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

DEPARTMENT OF REVENUE SERVICES TAX IDENTIFICATION NUMBER

NAME AND LICENSE NUMBER OF COMPANY CONTRACTED TO REMOVE HAZARDOUS WASTE

OTHER LICENSES HELD (*Leasing, Gasoline, etc. Description and License Number of each*)

FRANCHISES (*New Car Dealers Only*)

DMV USE ONLY - MANUFACTURER LICENSE NO.

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

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.

TYPE OF OWNERSHIP (*Check one*) ☐ **SOLE PROPRIETOR** ☐ **PARTNERSHIP** ☐ **CORPORATION** ☐ **LLC**

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

DMV USE ONLY (*Inspector's comments*)

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 (*Start with most recent job*)	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 (*Yrs., Mos.*)

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

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

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

FIRST APPLICANT REFERENCE NUMBER 3	OFFICIAL JOB TITLE (*Start with most recent job*)	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 (*Yrs., Mos.*)

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 (*Start with most recent job*)	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 (*Yrs., Mos.*)

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

SECOND APPLICANT REFERENCE NUMBER 2	OFFICIAL JOB TITLE (*Start with most recent job*)	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 (*Yrs., Mos.*)

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

SECOND APPLICANT REFERENCE NUMBER 3	OFFICIAL JOB TITLE (*Start with most recent job*)	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 (*Yrs., Mos.*)

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 (*Start with most recent job*)	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 (*Yrs., Mos.*)

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

THIRD APPLICANT REFERENCE NUMBER 2	OFFICIAL JOB TITLE (*Start with most recent job*)	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 (*Yrs., Mos.*)

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

THIRD APPLICANT REFERENCE NUMBER 3	OFFICIAL JOB TITLE (*Start with most recent job*)	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 (*Yrs., Mos.*)

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 (*Start with most recent job*)	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 (*Yrs., Mos.*)

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

FOURTH APPLICANT REFERENCE NUMBER 2	OFFICIAL JOB TITLE (*Start with most recent job*)	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 (*Yrs., Mos.*)

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

FOURTH APPLICANT REFERENCE NUMBER 3	OFFICIAL JOB TITLE (*Start with most recent job*)	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 (*Yrs., Mos.*)

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

ATTACH ADDITIONAL PAGES IF NECESSARY

SECTION 3 - SITE INFORMATION

SIZE OF PROPERTY (*Square feet*)	NUMBER OF BUILDINGS	TOTAL BUILDINGS (*Square feet*)	OFFICE AREA (*Square feet*)	INSIDE SHOWROOM (*Square feet*)	PARTS DEPARTMENT ☐ YES ☐ NO
REPAIR AREA (*Square feet*)	NUMBER OF REPAIR BAYS	SEPARATE CAR WASH BAY? ☐ YES ☐ NO	WASTE OIL TANK (*Size and Location*)		

ANY OTHER ASSOCIATED USES (*Please explain*)

DEALERS ONLY - OUTSIDE AREA FOR VEHICLE SALES (*Square feet*)	NUMBER OF SALES SPACES	NO. OF CUSTOMER PARKING SPACES ON SITE	NO. OF CUSTOMER PARKING SPACES ON STREET

DIRECTIONS TO SITE FROM STREET/HIGHWAY

DMV USE ONLY (*Inspector's Comments*)

SECTION 4 - OFFICE INFORMATION

POSTED BUSINESS HOURS (*Days & Hours Open to the Public*)	SALES DEPARTMENT (*If dealer*)	PARTS DEPARTMENT
	SERVICE DEPARTMENT	TOWING DEPARTMENT

INDICATE THE EQUIPMENT YOU HAVE (*List any equipment not indicated*)

☐ DESK ☐ FILING CABINET ☐ COPY MACHINE ☐ COMPUTER ☐ FAX MACHINE (*Indicate number here*)

(*Sales*) (*Service*) (*Towing*)

☐ PHONE NUMBER (*Indicate Number(s) here*)

DO YOU HAVE THE FOLLOWING REQUIRED FORMS? (*Sales and related forms for Dealers only*)

PURCHASE ORDERS	SALES INVOICES	FEDERAL USED CAR BUYERS GUIDE	ESTIMATE ORDERS	WAIVERS OF ESTIMATES	LOAN AGREEMENT FORMS
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

SUPPLEMENTAL I.D. CARDS	REPAIR ORDERS	FEDERAL ODOMETERS STATEMENTS	PROVISIONS FOR DOCUMENTING ORAL AUTHORIZATIONS TO REPAIR	TOW RECORD INVOICE
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

DO YOU HAVE THE FOLLOWING REQUIRED SIGNS?

CONSUMER INFORMATION SIGN	LEMON LAW SIGN (*New Car dealer*)	LABOR RATE SIGN
☐ YES ☐ NO	☐ YES ☐ NO ☐ N/A	☐ YES ☐ NO ☐ N/A
APPROVED TOWED VEHICLES STORAGE RATES	**VIN ETCHING**	
☐ YES ☐ NO ☐ N/A	☐ YES ☐ NO ☐ N/A	

DMV USE ONLY (*Inspector's comments*)

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*)	

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, in the last 10 years, 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 X	**DRIVER'S LICENSE NUMBER**

SUBSCRIBED AND SWORN TO BEFORE ME	**PLACE SWORN**	**DATE SWORN**

SIGNATURE OF NOTARY PUBLIC OR INSPECTOR	**PRINTED NAME OF NOTARY PUBLIC OR INSPECTOR**
X	

INSPECTOR'S COMMENTS