



APPLICATION FOR DEALER/DISMANTLER LICENSE

For Year

PRINCIPAL PLACE OF BUSINESS		MAILING ADDRESS (If Different)	
Business Ownership		Business Name	
DBA		Address	
Street Address		City, State, Zip Code	
City, State, Zip Code		Business Fax Number(s)	
Business Telephone Number(s)		Federal Identification Number	
E-mail Address		Briefly State the Nature of this Business	
New Mexico Tax ID Number(s)			

CHECK TYPE OF OWNERSHIP OF BUSINESS		CHECK TYPE OF LICENSE BEING APPLIED FOR																																	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub-S <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____ _____ _____		<p style="text-align: center;">Indicate Condition</p> <table border="0"> <tr> <td><input type="checkbox"/> Retail Dealer</td> <td colspan="2" style="text-align: center;">Vehicle</td> <td colspan="2" style="text-align: center;">Commercial</td> </tr> <tr> <td><input type="checkbox"/> Wholesaler Only</td> <td><input type="checkbox"/> New</td> <td><input type="checkbox"/> Used</td> <td><input type="checkbox"/> New</td> <td><input type="checkbox"/> Used</td> </tr> <tr> <td><input type="checkbox"/> Dismantler</td> <td colspan="2" style="text-align: center;">Equipment</td> <td colspan="2" style="text-align: center;">Motorcycle</td> </tr> <tr> <td><input type="checkbox"/> Manufacturer</td> <td><input type="checkbox"/> New</td> <td><input type="checkbox"/> Used</td> <td><input type="checkbox"/> New</td> <td><input type="checkbox"/> Used</td> </tr> <tr> <td><input type="checkbox"/> Distributor</td> <td colspan="2" style="text-align: center;">Trailers</td> <td colspan="2" style="text-align: center;">Boats</td> </tr> <tr> <td></td> <td><input type="checkbox"/> New</td> <td><input type="checkbox"/> Used</td> <td><input type="checkbox"/> New</td> <td><input type="checkbox"/> Used</td> </tr> </table> <p style="text-align: center;">Indicate condition of vehicle being processed. <input type="checkbox"/> New <input type="checkbox"/> Used</p>				<input type="checkbox"/> Retail Dealer	Vehicle		Commercial		<input type="checkbox"/> Wholesaler Only	<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> Dismantler	Equipment		Motorcycle		<input type="checkbox"/> Manufacturer	<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> Distributor	Trailers		Boats			<input type="checkbox"/> New	<input type="checkbox"/> Used	<input type="checkbox"/> New	<input type="checkbox"/> Used
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SUPPLEMENTAL LOCATION INFORMATION

If this business has additional (Supplemental) locations operating under this license number, list the name and address of the business(es). Attach separate sheet if necessary.

Business Name and Street Address of Supplemental Location	Telephone Number

FRANCHISE DEALER INFORMATION

If you are a Franchise Dealer, provide manufacturer and product information. Attach separate sheet is necessary.

Authorized Manufacturer	Product

CERTIFICATION

I hereby certify under penalty of perjury that I am the owner, partner, corporate officer or operating agent of the business described above, that all information given herein is true and correct to the best of my knowledge and fully understand that any person conducting this type of business without current license will be subject to penalties prescribed in Sections 66-4-1 and 66-8-9 of the Motor Vehicle Code.

Applicant's Printed Name _____ Title _____

Applicant's Signature _____ Date _____

LICENSE NUMBER ISSUED: DATE:	<div style="text-align: center;"> </div> <p>NOTARY: Subscribed and sworn to before me at _____, this _____ day of _____, 19 ____.</p> <p>Signed _____</p> <p>My commission expires: _____</p> <p style="text-align: right;">SEAL</p>
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