

# Salvage Dealer License APPLICATION

**Purpose:** Auto Recycler (Demolisher, Rebuilder, Salvage Dealer, Scrap Metal Processor), Salvage Pool Dealer and Vehicle Removal Operator use this form to apply for an original license or to change or renew an existing license.

**Instructions:** Submit completed form, any necessary additional documents and a check for fees made payable to DMV to Dealer Services Division at the address above.

APPLICATION TYPE		
<input type="checkbox"/> INITIAL/ADDITIONAL LICENSE Also submit: - Form DSD 65 - DEQ permit number - NMVTIS ID number	<input type="checkbox"/> RENEW INITIAL/ADDITIONAL LICENSE Also submit: - DEQ permit number - NMVTIS ID number - Zoning self-certification	<input type="checkbox"/> CHANGE - address, name, or ownership BRIEFLY DESCRIBE CHANGE

FEES	
- First license type is \$100 at initial application and renewal - Each additional license type is \$25 at initial application and renewal - \$10 for changes to address, name, or ownership	<b>NOTE:</b> \$10 change fee does not apply if adding an additional Auto Recycler function to an existing Auto Recycler license.

DEALER LICENSE TYPE	
AUTO RECYCLER LICENSE TYPE	
<b>Auto Recycler</b> - Any person licensed by the Commonwealth to engage in business as a salvage dealer, demolisher, scrap metal processor or rebuilder. Select applicable Auto Recycler function(s) below:	
<b>Demolisher</b> - Will you crush, flatten or otherwise reduce a vehicle to a state where it can no longer be considered a vehicle? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Rebuilder</b> - Will you acquire and repair, for use on the public highways, two or more salvage vehicles within a 12-month period? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Salvage Dealer</b> - Will you acquire any vehicle for the purpose of reselling any parts thereof? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Scrap Metal Processor</b> - Will you acquire one or more whole vehicles to process into scrap for smelting purposes who, from a fixed location, utilizes machinery and equipment for processing and manufacturing ferrous and nonferrous metallic scrap into prepared grades, and whose principal product is metallic scrap? ....	<input type="checkbox"/> YES <input type="checkbox"/> NO

SALVAGE POOL LICENSE TYPE	
<b>Salvage Pool</b> - Will you provide a storage service for salvage vehicles or non-repairable vehicles who either displays the vehicles for resale or solicits bids for the sale of salvage vehicles or non-repairable vehicles? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO

VEHICLE REMOVAL OPERATOR LICENSE TYPE	
<b>Vehicle Remover Operator</b> - Will you acquire a vehicle for the purpose of reselling it to a demolisher, scrap metal processor or salvage dealer? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT INFORMATION							
TYPE OF OWNERSHIP (check one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC				STATE IN WHICH INCORPORATED	CURRENT SALVAGE LICENSE NUMBER		
BUSINESS NAME				TRADING AS NAME			
STREET ADDRESS (P.O. Box is unacceptable)				CITY	STATE	ZIP CODE	
EMAIL ADDRESS						DEALER TELEPHONE NUMBER	
FULL LEGAL NAME (print) - (last) (first) (middle) (suffix)				OWNER SSN OR FEIN	OWNER TELEPHONE NUMBER		
BUSINESS HOURS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM HOURS							
PM HOURS							

OWNER/PARTNER/OFFICER INFORMATION		
Enter the name, title and residential address for each owner, partner and/or officer of the business identified in this application. Copy this page if additional lines are needed. Attach completed pages to this application.		
NAME	TITLE	RESIDENTIAL ADDRESS

ZONING COMPLIANCE CERTIFICATION - RENEWALS ONLY		
I certify that this application is a renewal and the licensed business location - from which the original license was obtained - is still in compliance with all applicable local, city or county zoning requirements and/or ordinances.		
OWNER, PARTNER, OFFICER OF THE BUSINESS NAME (print)	SIGNATURE	DATE (mm/dd/yyyy)

**QUESTIONS**

Read each question below and check and/or complete the appropriate response.

- A. In accordance with Virginia Code § 46.2-1601 licensed salvage type dealers must meet Virginia Department of Environmental Quality (DEQ) requirements.
- Is your licensed business permitted under a Virginia Pollutant Discharge Elimination System Permit - individual or general - issued by the State Water Control Board for discharges of storm water associated with industrial activity?  YES  NO
- If YES, enter permit number(s).
- If no permit number(s), is your business exempt from permitting requirements?  YES  NO
- B. In accordance with Virginia Code § 46.2-1603 licensed salvage type dealers must comply with all applicable federal title reporting requirements, including the requirements of the National Motor Vehicle Title Information System. (NMVTIS)
- Enter NMVTIS ID number.
- If you do not have an NMVTIS ID Number you must obtain one prior to submitting this application. Please visit [www.vehiclehistory.gov/nmvtis\\_vehiclehistory.html](http://www.vehiclehistory.gov/nmvtis_vehiclehistory.html) for additional information about obtaining an NMVTIS ID Number. Note: This form will be denied if the NMVTIS number is not listed or if we are unable to verify the applicant has met the requirements of Virginia Code § 46.2-1603.
- C. Are you currently licensed as a Virginia Motor Vehicle Dealer under Virginia Code § 46.2-1500?  YES  NO
- If YES, enter your independent dealer license number.
- D. Has any owner, partner or officer of the business ever been refused a Motor Vehicle Dealer License or Salvage Type Dealer License?  YES  NO
- E. Has any owner, partner or officer of the business ever had his/her Motor Vehicle Dealer License or Salvage Type Dealer License suspended or revoked?  YES  NO
- F. Has any owner, partner or officer of the business ever been convicted of a misdemeanor or felony? This does not include traffic citations.  YES  NO
- G. Has any owner, partner or officer of the business ever been convicted if any fraudulent or criminal act in connection with the business of selling vehicles or vehicle parts?  YES  NO

Provide an explanation below, including names, dates and court jurisdictions for any YES answer to questions D through G above.

**PRIVACY STATEMENT**

In accordance with Virginia Code §§ 2.2-803, 2.2-4807 and § 58.1-520 et seq., the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

**CERTIFICATION**

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER, PARTNER, OFFICER OF THE BUSINESS NAME (print)	SIGNATURE	DATE (mm/dd/yyyy)
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**DMV USE ONLY**

TOTAL FEE	CHECK AMOUNT	CHECK NUMBER	OVERPAYMENT AMOUNT	RETURN OVERPAYMENT FOR APPROVAL
DEALER OPERATOR NUMBER	SALVAGE DEALER LICENSE NUMBER	IBR NUMBER	CSR INITIALS	