

Application to Renew Dealer Licence

Part 1 - General Details

I request to renew the Dealer Licence #							
Name (as appears on expiring licence)							
I request to renew the dealer license as	: (select one) An individual	A corporation					
Operating Locations							
Primary Location Street Address							
Street	City/Town	Province	Postal Code				
Mailing Address (if different than above)						
Street/P.O. Box	City/Town	Province	Postal Code				
Other Operating Locations							
Street and City/Town							
Primary Contact							
First Name Last Name							
Daytime Phone Number Email Address							
Secondary Contact							
First Name	Secondary Contact First Name Last Name						
Daytime Phone Number Email Address							
	security bond is required (select on	e tier)					
Bond not less than \$5.00	0 where the total value of vehicle re	gistrations issued will not exce	ed \$5 000 per month				
Bond not less than \$15,0	Bond not less than \$15,000 where the total value of vehicle registrations issued will not exceed \$15,000 per month						
Bond not less than \$30,000 where the total value of vehicle registrations issued will not exceed \$30,000 per month							
Bond not less than \$50,0	Bond not less than \$50,000 where the total value of vehicle registrations issued will not exceed \$50,000 per month						

Bond not less than \$75,000 where the total value of vehicle registrations issued will exceed \$50,000 per month

HST Number

6┌

7

HST number

Insurance: Proof of commercial general liability insurance; and a standard garage policy (with motor vehicle sales endorsement) are required

Insurance Company

Insurance Policy Number

Insurance Company

Insurance Policy Number

Part 2 - Sections 8 and 9 must be completed by Sole Proprietors only (Individuals)

Primary Owner Information

8	Full Legal Name
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Driver Licence or Photo ID Number

Secondary Owner Information

I give permission to Motor Registration to reference my driver's licence/photo ID record to validate my credentials.

Full Legal Name

9

Driver Licence or Photo ID Number

Part 3 - Section 10 must be completed by Corporations.

10 Corporation Legal Name

Operating as

Part 4 - Attachments Dealers MUST have the following:

1	1. Copy of the Security (bond).
	2. Proof of HST registration.
	3. Proof of insurance (detailed standard garage policy and commercial general liability policy and amounts).
	4. Approval from city, municipal council or other authority acceptable to the Registrar to carry on business as a dealer at the operation location (for new locations only).
	5. Proof that the proposed business meets all land use (or other) zoning requirements (for new locations only).
	An individual:
	6. Certificate of Conduct or a certified Criminal Records Check from the RCMP for each owner (issued within the past six months).
	A corporation:
	7. Certificate of Conduct or a certified Criminal Records Check from the RCMP for each director and officer (issued within the past six months).
	8. Certificate of Good Standing from the Registry of Companies, Digital Government and Service NL.
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PRIVACY STATEMENT

Director/Owner Signature

Personal information contained on this form is collected under the authority of the Highway Traffic Act (HTA) and may be used to issue a Dealer's Licence, Section 6 of the HTA allows MRD to disclose personal information to law enforcement, select federal, provincial and municipal officials. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Protection of Privacy, 2015 (ATIPP) Act. If you have any questions about the collection or use of this information please direct inquiries to 1-877-636-6867 (Mon to Fri 8:30 a.m. to 4:00 p.m. NL time)

Director/Owner Name (please print)

Date

FOR OFFICE USE ONLY

Primary Motor Registration Region: (select one)	Avalon	Central	Western/Labrador
1. Assessment			
Changes in: Owners/Operators:			
Operating Locations:			Bond:
2. Recommendation: Approve Deny			
Notes:			
Representative:			Date:
3. Decision: Approve Deny			
Notes:			
Representative:			
Signature:			Date: