



# Application to Become a Dealer

## Part 1 - General Details

**1** I am applying to become a dealer as: (select one)  An individual  A corporation

What types of vehicles will you sell? (select all that apply)

New (e.g. Cars, light trucks, and motor homes)  Commercial (e.g. truck tractors, construction and commercial trailers)

Used (e.g. Cars, light trucks, and motor homes)  Off-road vehicles (e.g. ATV, UTV, snowmobile, trail bike)

Trailers (e.g. utility and off-road vehicles)  Motorcycles

## Operating Locations

**2** Primary Location Street Address

Street	City/Town	Province	Postal Code
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Mailing Address (if different than above)

Street/P.O. Box	City/Town	Province	Postal Code
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Other Operating Locations

Street and City/Town

## Primary Contact

**3** First Name Last Name

Daytime Phone Number Email Address

## Secondary Contact (optional)

**4** First Name Last Name

Daytime Phone Number Email Address

## Security Bond: Proof of a valid security bond is required (select one tier)

**5**

Bond not less than \$5,000 where the total value of vehicle registrations issued **will not** exceed \$5,000 per month

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 \$50,000 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** HST number \_\_\_\_\_

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

**7** Insurance Company Insurance Policy Number

Insurance Company Insurance Policy Number

## Part 2 - Only required for Sole-proprietors (individuals)

### Primary Owner Information

8	Full Legal Name	Driver Licence or Photo ID Number
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### Secondary Owner Information

9	Full Legal Name	Driver Licence or Photo ID Number
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## Part 3 - Only required for Corporations (example: Inc., Ltd., etc.)

10	Corporation Legal Name	Operating as
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## Part 4 - Attachments

Applicants **MUST** have the following attached:

11	<input type="checkbox"/> 1. Copy of the Security (bond).
	<input type="checkbox"/> 2. Proof of HST registration.
	<input type="checkbox"/> 3. Proof of insurance (detailed standard garage policy and commercial general liability policy and amounts).
	<input type="checkbox"/> 4. Approval from city, municipal council or other authority acceptable to the Registrar to carry on business as a dealer at the operation location.
	<input type="checkbox"/> 5. Proof that the proposed business meets all land use (or other) zoning requirements.
	An individual:
	<input type="checkbox"/> 6. Certificate of Conduct or a certified Criminal Records Check from the RCMP for each owner.
	<input type="checkbox"/> 7. Copy of photo ID or driver's licence for each owner.
	A corporation:
	<input type="checkbox"/> 8. Certificate of Conduct or a certified Criminal Records Check from the RCMP for each director and officer.
	<input type="checkbox"/> 9. Certificate of Good Standing from the Registry of Companies, Digital Government and Service NL.

_____	_____	_____
Director/Owner Signature	Director/Owner Name (please print)	Date

### PRIVACY STATEMENT

Personal information contained on this form is collected under the authority of the Highway Traffic Act (HTA) and may be used to issue a NL Dealer's Licence, Section 6 of the HTA allows MRD to disclose an applicants 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)

### FOR OFFICE USE ONLY

Primary Motor Registration Region: (select one)	<input type="checkbox"/> Avalon	<input type="checkbox"/> Central	<input type="checkbox"/> Western/Labrador
Approval Number _____	Dealer Number _____	Master Number _____	
Motor Registration Dealer Representative _____			