LICENSE INSPECTION APPLICATION
K-8 REV. 9-2022

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DEALERS AND REPAIRERS LICENSING UNIT
Contact us at DMV.DR@CT.GOV

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)	**E Mail Address**

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**	
CT SALES TAX ID #	**NAME AND LICENSE NUMBER OF COMPANY CONTRACTED TO REMOVE HAZARDOUS WASTE**	

OTHER LICENSES HELD (*Description and License Number of each*)

SECTION 2A - PERSONNEL INFORMATION

NAME OF PERSON DESIGNATED TO HANDLE DMV COMPLAINTS	**NUMBER OF ANTICIPATED EMPLOYEES**			
	Sales	**Office**	**Repairs**	**Helpers**

NAME(S) OF QUALIFIED INDIVIDUALS TO PERFORM THE REPAIRS YOU WILL BE DOING (INCLUDING CERTIFICATES OR CREDENTIALS ISSUED, SHOWING DATES OF EXPIRATION)
(*NIASE, ASM TECH, ETC.*)

NAME(S) OF QUALIFIED SALES PERSONNEL TO CONDUCT VEHICLE SALES

SECTION 2B - PERSONNEL INFORMATION

FOR EACH APPLICANT LISTED ON THE K7 APPLICATION LIST ALL BUSINESSES OWNED, INCLUDING THOSE WHICH ARE DISSOLVED.

OWNER	BUSINESS NAME	SALES TAX ID #

ATTACH ADDITIONAL PAGES IF NECESSARY

SECTION 2C - PERSONNEL INFORMATION - CONTINUED

INSTRUCTIONS

PREPARE IN RESUME FORMAT DESCRIBING THE LAST 5 YEARS OF WORK HISTORY

Beginning with PRESENT OR MOST RECENT employment 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 1	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.*)

IN DETAIL, DESCRIBE YOUR MECHANICAL, SALES AND/OR MANAGEMENT EXPERIENCE (*In Detail*) AS RELATED TO A DEALER'S OR REPAIRER'S LICENSE.

APPLICANT 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.*)

IN DETAIL, DESCRIBE YOUR MECHANICAL, SALES AND/OR MANAGEMENT EXPERIENCE (*In Detail*) AS RELATED TO A DEALER'S OR REPAIRER'S LICENSE.

APPLICANT 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.*)

IN DETAIL, DESCRIBE YOUR MECHANICAL, SALES AND/ OR MANAGEMENT EXPERIENCE (*In Detail*) AS RELATED TO A DEALER'S OR REPAIRER'S LICENSE.

ATTACH ADDITIONAL PAGES IF NECESSARY

SECTION 3 - SITE / OFFICE INFORMATION

NUMBER OF REPAIR BAYS	**WASTE OIL TANK** (*Size and Location*)	

POSTED BUSINESS HOURS (*Days & Hours Open to the Public*)

SALES DEPARTMENT (*If dealer*)	**PARTS DEPARTMENT**
SERVICE DEPARTMENT	**TOWING DEPARTMENT**

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

PURCHASE ORDERS ☐ YES ☐ NO	**SALES INVOICES** ☐ YES ☐ NO	**FEDERAL USED CAR BUYER'S GUIDES** ☐ YES ☐ NO	**ESTIMATE ORDERS** ☐ YES ☐ NO	**WAIVERS OF ESTIMATES** ☐ YES ☐ NO	**LOAN AGREEMENT FORMS** ☐ YES ☐ NO
SUPPLEMENTAL I.D. CARDS ☐ YES ☐ NO	**REPAIR ORDERS** ☐ YES ☐ NO	**FEDERAL ODOMETER STATEMENTS** ☐ YES ☐ NO	**PROVISIONS FOR DOCUMENTING ORAL AUTHORIZATIONS TO PERFORM REPAIR** ☐ YES ☐ NO	**TOW RECORD INVOICES**	

DO YOU HAVE THE FOLLOWING REQUIRED SIGNS?

CONSUMER INFORMATION SIGN ☐ YES ☐ NO	**LEMON LAW SIGN** (*New Car dealer*) ☐ YES ☐ NO ☐ N/A	**LABOR RATE SIGN** ☐ YES ☐ NO ☐ N/A	**VIN ETCHING** ☐ YES ☐ NO ☐ N/A	**DEALER CONVEYANCE FEES** ☐ YES ☐ NO
APPROVED TOWED VEHICLES STORAGE RATES ☐ YES ☐ NO ☐ N/A	**SAFETY INSPECTION FORM (K208)** ☐			

SECTION 4 - INITIAL REQUEST FOR MARKER PLATES

NUMBER OF FULL TIME EMPLOYEES: *(INCLUDING OFFICERS, AND PROPRIETORS)*

BASED ON THE NUMBER OF FULL TIME EMPLOYEES (SEE ABOVE) I AM REQUESTING THE FOLLOWING NUMBER OF PLATES (0-3)

DESCRIBE THE NEED FOR THE AMOUNT OF PLATES YOU ARE REQUESTING. IF APPLICABLE, SX PLATES REQUIRE GROSS WEIGHT.

SECTION 4A - REQUEST FOR SPECIAL COMMERCIAL SX PLATES (IF APPLICABLE)

GROSS VEHICLE WEIGHT	**PLATE USE**	**NUMBER OF PLATES**

DMV USE ONLY (*Inspector's comments*)

ATTACH ADDITIONAL PAGES IF NECESSARY

MUST BE COMPLETED AND NOTARIZED BY **EACH** OWNER LISTED ON THE K7 APPLICATION

SECTION 5 - 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 **EACH** OWNER, OFFICER AND MEMBER AS LISTED IN SECTION 2 OF THIS FORM. COPY AND ATTACH ADDITIONAL INFORMATION, IF APPLICABLE.

Has the applicant, any partner, any LLC member or officer of said applicant ever been arrested, charged with, convicted of or plead no contest to any felony or misdemeanor/crime, 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 not approved.

Has the applicant, any partner, any LLC member or any director or officer of said application ever :

a. Had a motor vehicle dealers's or repairer's or recycler's 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. Been found liable in a civil action for odometer fraud or operating a dealer, repairer, or motor vehicle recycler business without a license. ☐ **YES** ☐ **NO**

Any "yes" answer above must be explained fully in a separate letter signed and dated by applicant.

ACKNOWLEDGE THE FOLLOWING STATEMENTS BY INITIALING THE BLANK	
I understand that it is my responsibility to employ at least one qualified mechanic who has a thorough knowledge of the product handled and the services to be rendered, including sufficient tools and equipment for proper servicing.	**INITIALS**
I understand that any owner, officer 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 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 the 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, K208 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 and any illegal use of dealer or repairer plates.	**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 6 - NOTARIZATION

DO NOT SIGN BELOW WITHOUT WITNESS OF A NOTARY OR INSPECTOR

Pursuant to CSG 53a-157b, i declare that the statements made by me in this application or in any documents attached hereto are true and complete 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 X	**PRINTED NAME OF NOTARY PUBLIC OR INSPECTOR**

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