STATE OF CONNECTICUT



DEPARTMENT OF MOTOR VEHICLES

DEALERS AND REPAIRERS LICENSING UNIT Contact us at DMV.DR@CT.GOV



LL INFORMATION MUST BE THE WE						
SECT	TION 1 - BUSINE	ESS AND MANAG	EMENT I	INFORMAT	ΓΙΟΝ	
BUSINESS NAME				FEDERAL EMPLOYER IDENTIFICATION NO. (Social Security No. for Sole Proprietor)		
OOING BUSINESS AS (If a d/b/a is used)	E Mail Address					
BUSINESS ADDRESS (No. and Street)	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 #	T SALES TAX ID #				TED TO REMOVE 1	HAZARDOUS WASTE
OTHER LICENSES HELD (Description and License Number	per of each)					
	SECTION 2	A - PERSONNEL I	NFORM	ATION		
NAME OF PERSON DESIGNATED TO HANDLE DMV		NUMBER OF ANTICIPATE				
NAME OF TERROTOPESIGNATED TO HERDEE DAY	COMPLAINTS	Sales		ffice	Repairs Helpers	
NAME(S) OF QUALIFIED SALES PERSONNEL TO C	ONDUCT VEHICLE SALE	S				
FOR EACH APPLICANT LISTED ON TH		B - PERSONNEL I			E DISSOLVED.	
OWNER		BUSINESS NAM				SALES TAX ID #

PERSONNEL INFORMATION

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 and one mechanic 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.

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	OFFICIAL JOB TITLE (Start with most recent job)		TYPE OF BUSINESS		TITLE OF IMMEDIATE SUPERVISOR	
COMPANY NAME AND ADDRESS				1		DEPARTMENT WHERE ASSIGNED	
BUSINESS PHONE NUMBER	EMPLOYED FROM:		EMPI O	YED TO:		TOTAL (Yrs., Mos.)	
DOSINESS I HONE NUMBER	Month	Year	Mont		Year	TOTAL (17s., mos.)	
IN DETAIL, DESCRIBE YOUR MECHANICA DEALER'S OR REPAIRER'S LICENSE.	IL, SALES AND/OR MANAGEMENT	EXPERIENCE (In	Detail) AS	RELATED T	O A		
APPLICANT NUMBER 2	UMBER 2 OFFICIAL JOB TITLE (Start with most recent job) TYPE OF BUSINESS				USINESS	TITLE OF IMMEDIATE SUPERVISOR	
COMPANY NAME AND ADDRESS						DEPARTMENT WHERE ASSIGNED	
BUSINESS PHONE NUMBER IN DETAIL, DESCRIBE YOUR MECHANICAL	EMPLOYED FROM: Month	Year	Mont		Year	TOTAL (Yrs., Mos.)	
DEALER'S OR REPAIRER'S LICENSE.							
APPLICANT NUMBER 3	OFFICIAL JOB TITLE	E (Start with most rec	ent job)	TYPE OF B	USINESS	TITLE OF IMMEDIATE SUPERVISOR	
COMPANY NAME AND ADDRESS	-					DEPARTMENT WHERE ASSIGNED	
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month	Year	EMPLOYED TO: Month Year		Year	TOTAL (Yrs., Mos.)	
IN DETAIL, DESCRIBE YOUR MECHANICA DEALER'S OR REPAIRER'S LICENSE.	L, SALES AND/ OR MANAGEMENT	EXPERIENCE (In	Detail) AS	RELATED T	O A	,	

	SECTION 3 - SITE / OFFICE INFORMATION							
	NUMBER OF REPAIR BAYS WASTE OIL TANK (Size and Location)							
	SALES DEPARTMENT (If dealer) PARTS DEPARTMENT							
POSTED BUSINESS HOURS								
(Days & Hours Open to	SERVICE DEPARTMENT TOWING DEPARTMENT							
the Public)								
	PURCHASE ORDERS SALES INVOICES FEDERAL USED CAR BUYER'S ESTIMATE ORDERS WAIVERS OF EST	TIMATES LOAN AGREEMENT FORMS						
DO YOU HAVE THE FOLLOWING	YES NO YES NO YES NO YES	NO YES NO						
REQUIRED FORMS? (Sales and related forms for Dealers only)	SUPPLEMENTAL L.D. CARDS REPAIR ORDERS FEDERAL ODOMETER STATEMENTS ORAL AUTHORIZATE PERFORM REPAIR PERFORM REPAIR							
Joi Deuters only)	CONSUMER INFORMATION SIGN LEMON LAW SIGN (New Car dealer) LABOR RATE SIGN VIN ETCHING	DEALER CONVEYANCE FEES						
DO YOU HAVE THE FOLLOWING	YES NO YES NO NA YES NO NA YES APPROVED TOWED VEHICLES STORAGE RATES SAFETY INSPECTION FORM (K208)	NO NO YES NO						
REQUIRED SIGNS?	YES NO N/A							
	SECTION 4 - INITIAL REQUEST FOR MARKER PLAT ******NOT APPLICABLE FOR LOW SPEED VEHICLE DEA							
	NUMBER OF FULL TIME EMPLOYEES: (INCLUDING OFFICERS, AND PROPRIETORS)	LEKS THEFT						
	BASED ON THE NUMBER OF FULL TIME EMPLOYEES (SEE ABOVE) I AM REQUESTING THE FOLLOWING NUMBER DESCRIBE THE NEED FOR THE AMOUNT OF PLATES YOU ARE REQUESTING. IF APPLICABLE, SX PLATES REQUIF							
	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 - (QUESTIONNAIR	RE/SUMMAR	Y INFOR	MATIC	ON			
ABIL COM	ITY TO PROPE PLETED BY E A	ECTION IS A QUES RLY OPERATE UN: ACH OWNER, OFFIC RMATION, IF APPL	DER THE LICENS CER AND MEMBI	E FOR WHIC	H YOU AF	RE MAK	ING APPLICA	ATION. THIS	S SECTION MUST BE	
		rtner, any LLC member uding traffic violations?		licant ever been a	arrested, cha	rged with,		plead no conte	st to any felony or	
		n a separate sheet includ dgments for those convi							You must also attach	
Has the	applicant, any par	tner, any LLC member of	or any director or offic	cer of said applic	ation ever:					
a. Had	d a motor vehicle d	ealers's or repairer's or r	ecycler's license subje	ected to denial or	disciplinary	action?	☐ YE	S NO		
b. Ha	d any other type of	occupational license (ex	cluding driver's licen	se) subjected to	denial or disc	ciplinary a	ction? YE	S NO		
	n found liable in a coness without a lice	civil action for odomete nse.	r fraud or operating a	dealer, repairer,	or motor veh	icle recyc	ler YE	S No		
	Any "yes" answe	er above must be explain	ned fully in a separate	letter signed and	d dated by ap	plicant.				
	ACE	NOWLEDGE THE F	OLLOWING STAT	EMENTS BY I	NITIALING	THE BI	LANK			
		oonsibility to employ at ding sufficient tools and			a thorough k	nowledge	of the product h	nandled and the	INITIALS	
supplement	tal I.D. Card with the	officer or employee that hem and a record of san	e is to be maintained	at the place of b	usiness in ac			carry a	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 understar		al that is not employed le				pairer pla	te for any reaso	n unless it is	INITIALS	
	nd that prior to perfect to state law.	orming any repair work	to a motor vehicle, I	must obtain auth	orization fro	m the cus	omer and provi	de cost estimate	e in INITIALS	
		as a motor vehicle dealer n accordance to State ar		customers with p	proper purch	ase order,	sales invoice, K	(208 and	INITIALS	
		s is responsible for the a use of dealer or repaire		ees relative to the	customers o	of my busi	ness whether I a	authorized their	INITIALS	
		ninistrative hearing can Statutes and Regulation			ny license fo	r failure t	o conduct my bu	usiness in	INITIALS	
		S	ECTION 6 - NO	OTARIZATI	ON					
		DO NOT SIGN	BELOW WITH	OUT WITNE	SS OF A	NOTA	RY OR INS	PECTOR		
		a-157b, i declare to the be				is appli	cation or in	any docum	ents attached	
QUALIFIED	PERSON (Name Print	ed)				POSITION WITH BUSINESS				
PRINCIPAL'S	SIGNATURE					DDIVE	NO LICENSE MUN	DED		
PRINCIPAL'S SIGNATURE X					DRIVER'S LICENSE NUMBER					
SUBSCRIBED AND SWORN TO BEFORE ME				DATE SWORN						
SIGNATU X	RE OF NOTARY PUB	LIC OR INSPECTOR				PRINTEI	NAME OF NOTA	RY PUBLIC OR IN	NSPECTOR	
	TYPE OF LICENSE A	APPLIED FOR	LICENSE NUMBER	DI ATE NO	NO OF BY	TOTAL CITATION	TAY TOWN	ТУРЕ		
DMV	New Used Dealer Deal	d General	LICENSE NUMBER	PLATE NO.	NO. OF PLA	ATE SETS	TAX TOWN	111£		
USE	STATUS OF APPLIC	CATION	AUTHORIZED SIGNAT	URE	1		DMV USE ONLY	- MANUFACTUR	ER LICENSE NO.	
ONLY Approved Disapproved X										