



## REQUEST FOR BUSINESS AMENDMENT/DUPPLICATE CERTIFICATE

**INSTRUCTIONS** Use this form to tell DMV about an amendment or to request a duplicate Business Certificate (you must fill out an original application if you are acquiring a business). There is no fee for amendments or duplicate certificates. **If you are making a change, please call (518) 474-0919 for information about required documentation.** Failure to provide all documentation will delay processing of your request.

**DUPPLICATE CERTIFICATE CUSTOMERS:** Complete items 1, 2, 3, 9 and 10 and the "Certification" section at the bottom of page 2.

**AMENDMENT CUSTOMERS:** Complete items 1, 2, 3, 9 and 10 and the "Certification" section at the bottom of page 2. Also, complete items 4 - 8 only if they apply to the change you are making.

**DOCUMENTATION REQUIREMENTS FOR AMENDMENT CUSTOMERS ONLY**

**DISMANTLERS:** All dismantlers must provide a letter of zoning approval with this request. New York City Only - all "Secondhand Dealer - General", and "Secondhand Dealer - Auto", amendment requests **MUST INCLUDE** a Fire Department permit and an NYC Department of Consumer Affairs License.

**CUSTOMERS MAKING LOCATION CHANGES:** If you are changing location, complete Form VS-19 ("Statement of Ownership and/or Permission to Use Place of Business") and submit it with this request. **Repair shops** must also provide a Certificate of Occupancy, local license or town letter as proof of zoning approval. If the **new** location was previously registered as a Repair Shop, please tell us the Facility number or Facility name of that shop. This can be used as proof of zoning.

**DEALERS:** All dealers (excluding those who are exempt under the law) are required to have a bond. If you are a dealer requesting an amendment, please call (518) 474-0919 to determine if you have to provide a revised bond with your request. If you are a franchised dealer requesting an address change, you must provide franchise papers showing the new address.

**RETURN THIS COMPLETED REQUEST, AND ANY REQUIRED DOCUMENTATION, TO:**

Bureau of Consumer and Facility Services, Application Unit, PO Box 2700, Albany NY 12220-0700

| 1.  | Requested change: <input type="checkbox"/> Amendment <input type="checkbox"/> Duplicate Reason: _____  |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
|---|--|---------------------------|------------------------------|---|---|-----------------------------|--|-----------------------------|---|-----------------------------|--|-----------------------------|--------------------|----------------------------|------------------|-----------------------------|--|-------------------------|------------------|----------|--------------------------|---------------------|--|--|--|--|--|--|
| 2.  | Present Facility Number<br>  | Present Facility Name<br> | Facility Phone Number<br>( ) |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| 3.  | Business(es) requesting amendment/duplicate certificate(s) — check all that apply:<br><input type="checkbox"/> Repair Shop <input type="checkbox"/> Dealer <input type="checkbox"/> Dismantler <input type="checkbox"/> Itin. Veh. Collector <input type="checkbox"/> Salvage Pool <input type="checkbox"/> Transporter<br><input type="checkbox"/> Inspection Station <input type="checkbox"/> Boat Dealer <input type="checkbox"/> Scrap Collector <input type="checkbox"/> Scrap Processor <input type="checkbox"/> Mobile Car Crusher <input type="checkbox"/> Other   |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| 4.  | Business name change to: _____   |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| 5.  | <table border="1"><tr><td colspan="2">Business address change: <b>New Address</b></td><td colspan="2"><b>Old Address</b></td></tr><tr><td colspan="2">Number and Street<br/>               </td><td colspan="2">Number and Street<br/>               </td></tr><tr><td>City<br/>         </td><td>State<br/>   </td><td>City<br/>         </td><td>State<br/>   </td></tr><tr><td>Zip Code<br/>         </td><td></td><td>Zip Code<br/>         </td><td></td></tr></table>  |                           |                              | Business address change: <b>New Address</b> |   | <b>Old Address</b>          |  | Number and Street<br>       |   | Number and Street<br>       |  | City<br>                    | State<br>          | City<br>                   | State<br>        | Zip Code<br>                |  | Zip Code<br>            |                  |          |                          |                     |  |  |  |  |  |  |
| Business address change: <b>New Address</b> |  | <b>Old Address</b>        |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| Number and Street<br>                       |  | Number and Street<br>     |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| City<br>                                    | State<br>  | City<br>                  | State<br>                    |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| Zip Code<br>                                |  | Zip Code<br>              |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| 6.  | <p>Inspection Stations or Dealers</p> <p>a) Change in business type (for example, Fleet to Public, Wholesale to Retail, etc.):<br/>To: _____ From: _____</p> <p>b) Change in groups approved for inspection (check the box(es) for the group(s) you want to inspect):</p> <table border="1"><thead><tr><th>GROUP</th><th>VEHICLE GROUPS<br/>(Weights shown are maximum gross weights)</th></tr></thead><tbody><tr><td><input type="checkbox"/> 1a</td><td>All motor vehicles that have a seating capacity under fifteen passengers, and all motor vehicles, except trailers and motorcycles, that have an MGW under 18,001 pounds.</td></tr><tr><td><input type="checkbox"/> 1b</td><td>All trailers, except semi-trailers, that have an MGW under 18,001 pounds.</td></tr><tr><td><input type="checkbox"/> 2a</td><td>All motor vehicles that have a seating capacity over fourteen passengers, and all motor vehicles and trailers that have an MGW over 18,000 pounds.</td></tr><tr><td><input type="checkbox"/> 2b</td><td>All semi-trailers.</td></tr><tr><td><input type="checkbox"/> 3</td><td>All motorcycles.</td></tr><tr><td><input type="checkbox"/> DL</td><td>Diesel Emissions Testing for all non-exempt vehicles registered in the New York Metropolitan Area.</td></tr></tbody></table> <p>c) If you will perform diesel emissions inspections, print the manufacturer's name and the model number of the testing equipment here.<br/>This information is <b>required</b> in order to process your request.</p> <table border="1"><tr><td>Manufacturer's Name<br/>                                   </td><td>Model Number<br/>                                   </td></tr></table> <p>d) Please provide the name(s) and certification number(s), including expiration date, of your Certified Inspector(s). Use additional sheet(s) if necessary. This information is <b>required</b> in order to process your request.</p> <table border="1"><thead><tr><th>Name<br/>                                   </th><th>Certification Number<br/>                                   </th><th>Expiration Date<br/>                                   </th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> |                           |                              | GROUP                                       | VEHICLE GROUPS<br>(Weights shown are maximum gross weights) | <input type="checkbox"/> 1a | All motor vehicles that have a seating capacity under fifteen passengers, and all motor vehicles, except trailers and motorcycles, that have an MGW under 18,001 pounds. | <input type="checkbox"/> 1b | All trailers, except semi-trailers, that have an MGW under 18,001 pounds. | <input type="checkbox"/> 2a | All motor vehicles that have a seating capacity over fourteen passengers, and all motor vehicles and trailers that have an MGW over 18,000 pounds. | <input type="checkbox"/> 2b | All semi-trailers. | <input type="checkbox"/> 3 | All motorcycles. | <input type="checkbox"/> DL | Diesel Emissions Testing for all non-exempt vehicles registered in the New York Metropolitan Area. | Manufacturer's Name<br> | Model Number<br> | Name<br> | Certification Number<br> | Expiration Date<br> |  |  |  |  |  |  |
| GROUP                                       | VEHICLE GROUPS<br>(Weights shown are maximum gross weights)  |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| <input type="checkbox"/> 1a                 | All motor vehicles that have a seating capacity under fifteen passengers, and all motor vehicles, except trailers and motorcycles, that have an MGW under 18,001 pounds.   |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| <input type="checkbox"/> 1b                 | All trailers, except semi-trailers, that have an MGW under 18,001 pounds.  |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| <input type="checkbox"/> 2a                 | All motor vehicles that have a seating capacity over fourteen passengers, and all motor vehicles and trailers that have an MGW over 18,000 pounds.   |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| <input type="checkbox"/> 2b                 | All semi-trailers.   |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| <input type="checkbox"/> 3                  | All motorcycles.   |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| <input type="checkbox"/> DL                 | Diesel Emissions Testing for all non-exempt vehicles registered in the New York Metropolitan Area.   |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| Manufacturer's Name<br>                     | Model Number<br>   |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
| Name<br>                                    | Certification Number<br>   | Expiration Date<br>       |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
|   |  |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |
|   |  |                           |                              |   |   |                             |  |                             |   |                             |  |                             |                    |                            |                  |                             |  |                         |                  |          |                          |                     |  |  |  |  |  |  |

|   |                                      |                 |                            |
|---|--------------------------------------|-----------------|----------------------------|
| <b>7. Deletions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necessary.</b>   |                                      |                 |                            |
| (a) Name (First, MI, Last)  | Date of Birth                        | Title           | % of Stock or Ownership    |
| Please Sign Name in Full<br>X   | Driver License Identification Number |                 | Social Security Number     |
| Residence Address   |                                      | Apt. No.        | Residence Phone<br>(     ) |
| (b) Name (First, MI, Last)  | Date of Birth                        | Title           | % of Stock or Ownership    |
| Please Sign Name in Full<br>X   | Driver License Identification Number |                 | Social Security Number     |
| Residence Address   |                                      | Apt. No.        | Residence Phone<br>(     ) |
| (c) Name (First, MI, Last)  | Date of Birth                        | Title           | % of Stock or Ownership    |
| Please Sign Name in Full<br>X   | Driver License Identification Number |                 | Social Security Number     |
| Residence Address   |                                      | Apt. No.        | Residence Phone<br>(     ) |
| <b>8. Additions to Owners, Partners, Corporate Officers and/or Stockholders holding more than 10% of stock. Use additional sheet(s) if necessary.</b>   |                                      |                 |                            |
| (a) Name (First, MI, Last)  | Date of Birth                        | Title           | % of Stock or Ownership    |
| Please Sign Name in Full<br>X   | Driver License Identification Number |                 | Social Security Number     |
| Residence Address   |                                      | Apt. No.        | Residence Phone<br>(     ) |
| (b) Name (First, MI, Last)  | Date of Birth                        | Title           | % of Stock or Ownership    |
| Please Sign Name in Full<br>X   | Driver License Identification Number |                 | Social Security Number     |
| Residence Address   |                                      | Apt. No.        | Residence Phone<br>(     ) |
| (c) Name (First, MI, Last)  | Date of Birth                        | Title           | % of Stock or Ownership    |
| Please Sign Name in Full<br>X   | Driver License Identification Number |                 | Social Security Number     |
| Residence Address   |                                      | Apt. No.        | Residence Phone<br>(     ) |
| <b>9. a) Have you, or has any person named in this application, ever been an individual owner, partner, interested party, officer, corporation director or stockholder having more than ten percent of the stock in a business for which a DMV license, registration or certification was denied, suspended or revoked in New York State, including matters now on appeal?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |                 |                            |
| <b>b) Are you, or is anyone named in this application, scheduled for a hearing which could result in the suspension, revocation or denial of a DMV business license, registration or certification?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                      |                 |                            |
| <b>c) If (a) or (b) is "YES", provide name and address of the person(s), business type, date and action taken against the business or reason for the hearing.</b>   |                                      |                 |                            |
| <b>10. Has the owner, any member of the partnership, interested party, officer or director of the corporation been convicted of, or forfeited bail for, any misdemeanor or felony?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If "YES", give the following information:  |                                      |                 |                            |
| Name  | Date of Birth                        | Conviction Date | Penalty                    |
| Court   | Nature of Offense                    |                 |                            |

### CERTIFICATION

|   |                                      |      |
|---|--------------------------------------|------|
| I certify that I am the owner, partner or officer of the business named in this request form, and that the information contained in it is true. |                                      |      |
| <b>NOTE:</b> For partnerships, each partner must sign this form.  |                                      |      |
| Name (Please Print Full Name)   | Business Phone Number<br>(     )     |      |
| Signature (Full Name)<br>X  | Title                                | Date |
| Partner's Signature (Full Name)<br>X  | Partner's Signature (Full Name)<br>X |      |

