

**NORTH CAROLINA STATE HIGHWAY PATROL
 INVESTIGATIVE SERVICES UNIT – DEALER SECTION
 3129 MAIL SERVICE CENTER, RALEIGH NC 27697**

RENEWAL APPLICATION FOR DEALER LICENSE AND PLATES

Dealer Number: _____ Expiration Date: _____

1. FIRM NAME AND ADDRESS. (*Please contact a NCSHP local office with any name and/or address changes.)

Firm Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

2. DEALER TYPE: FRANCHISE or INDEPENDENT

List Current Franchise(s): _____

Were any franchises added or dropped? Yes No

If yes, list all added or dropped franchise(s) in the section below:

Franchise(s) Added*	Franchise(s) Dropped

***Attach franchise agreement(s) and Modify Dealer Report if making additions.**

3. OWNERSHIP: (Check appropriate block) INDIVIDUAL PARTNERSHIP CORPORATION LLC

List name, address and title of Owner, Partner or Officers of Corporation (use reverse side if needed)

Complete ISU-400B if minor ownership or officer change.

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>

4. If application is for renewal of "Used Motor Vehicle Dealer License", has applicant within the last twelve (12) months completed one 6-hour licensing course approved by the Division for each year of licensing period immediately preceding the renewal as required by N.C.G.S. § 20-288(A1)? YES or NO* _____
 Initials _____ If yes, attach copy of certificates.

5. I certify that, as proprietor, partner or corporate officer of this firm, I have authority to sign and submit this application, and the statements contained therein are true and correct.

Printed Name

Title

Signature

Date

6. FEES AND CERTIFICATION:

Indicate the type of license being applied for:

- Dealer - \$115.50/year Distributor - \$115.50/year Factory Branch - \$167.25/year
 Wholesale Dealer - \$115.50/year Manufacturer - \$250.50/year

- a. License Certificate (yearly fee X 2 years).....\$ _____
 - b. Total Plate fees from ISU-405.....\$ _____
 - c. Sales, factory and distributor Representative licenses at \$25.50/rep X 2 years\$ _____
 - d. Temporary Markers - \$25.00 per set of 25..... Motorcycle _____ Auto _____ \$ _____
- Total fees enclosed \$ _____**

7. INSURANCE CERTIFICATION MUST BE COMPLETED

This is to certify that I have liability insurance with _____
 Policy Number _____ as required by the North Carolina Financial Responsibility Act of 1957 and certify there has not been a license plate revocation.

- 8.** Is the owner, partners, or any members of the corporation, listed on this application, active-duty military, a military veteran, or a military spouse? Yes or No

If yes, complete the information below:

Name	Active-Duty Military	Military Veteran	Military Spouse

Notice: If there is a change of name, address and/or ownership, do not forward this renewal to the Dealer Section without contacting a NCSHP local office.

Signature of Applicant: _____

Date: _____ County: _____ State: _____

I certify that the following person personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and, in the capacity indicated:

_____ (name of principal).

Notary Signature: _____ Notary Printed or Typed Name: _____

(SEAL)

My Commission Expires: _____