

NORTH CAROLINA STATE HIGHWAY PATROL

**INVESTIGATIVE SERVICES UNIT – DEALER SECTION
3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129**

RENEWAL APPLICATION FOR DEALER LICENSE AND PLATES

Dealer Number: _____ Expiration Date: _____

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

Firm Name: _____

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

Telephone No.: _____

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-400(B) 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 and select one military designation per person:

Name	Active-Duty Military	Military Veteran	Military Spouse
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

9. Additional Ownership Information (Continued from Page 1)

10. 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:** _____