North Carolina State Highway Patrol

Josh Stein
Governor

Freddy L. Johnson, Jr.
Commander

TO: DEALER NUMBER
DEALER NAME
DEALER ADDRESS
CITY, STATE, ZIP CODE

FROM: NORTH CAROLINA STATE HIGHWAY PATROL
INVESTIGATIVE SERVICES UNIT – DEALER SECTION

SUBJECT: RENEWAL OF DEALER AND SALES REPRESENTATIVES LICENSES AND PLATES

If you do not receive the pre-printed Renewal Applications Packet, use the information in this letter to complete your Renewal Application Packet. Review your Dealer License Certificate to determine your expiration date.

Under Session Law 2025-22 (H.B. 421): Dealer License, Sales Representative License, and Dealer Plate fees will be calculated for each year of the two (2) year renewal period. Under N.C.G.S. § 20-295 a dealer license will remain valid for up to 60 days when an application for a license renewal has been submitted to the Dealer Section prior to the expiration of the license.

Please follow the instructions below in completing the renewal applications:

1. Review applications for accuracy and complete in their entirety.
2. If there are any changes in your dealership name, address or ownership, please go to the Dealer Section webpage https://www.ncshp.gov/investigative-services-unit for directions and assistance. ***Do not send for processing.***
3. Please provide garage liability insurance company underwriter's name and policy number information. Furnish the complete name of the insurance company underwriter. ***Agent's name is not acceptable.***
4. The fee pre-printed on the renewal application is correct for your dealer certificate. The fee for the first five (5) dealer plates is $46.25 each plus the transit tax if applicable (see note below). All plates purchased after the first five (5) will be $23.13 each plus any transit tax. All dealer transporter plates are $23.13 each plus any transit tax. Dealer loaner plates are $200.00 each plus any transit tax.
5. Late Fees: A late fee of $15.00 per plate will be charged on renewals beginning the first day of the month following the expiration date. ***If you fail to renew your Dealer License and plates within one month of the expiration date, it will be stamped "Failed to Renew" and a new dealer application is required.***

NOTE: Dealers, Manufacturers, Factory Branches, Distributors, and Wholesalers that have their place of business located in a Transit Tax County are required to pay an additional Regional Transportation Authority (RTA) Tax for each plate purchased as listed below:

- Wake/Orange/Durham Counties: $17.00 additional per plate/year.
- Randolph County: $1.00 additional per plate/year.

MAILING ADDRESS:
NCSHP – Dealer Section
3129 Mail Service Center
Raleigh, NC 27697
www.ncshp.gov
TELEPHONE:
(919) 757-0756 (Raleigh)
(704) 331-3299 (Huntersville)

An Equal Opportunity Employer

OFFICE LOCATION:
Raleigh Dealer Section
4123 New Bern Ave. Ste. #151
Raleigh, NC 27610
Huntersville Dealer Section
12101 Mount Holly-Huntersville Rd.
Huntersville, NC 28078

6. N.C.G.S § 20-79 governs the number of dealer plates that a dealer may purchase based upon the number of vehicles sold in the previous twelve-month period. N.C.G.S § 20-79.2(b1) governs the number of transporter plates that a dealer may purchase. The total number of dealer and transporter plates issued to a dealer may not exceed the number of plates that can be issued to the dealer under N.C.G.S. § 20-79(b). Plates will be issued based on the following scale:

Vehicles Sold in a Relevant 12-Month Period	Maximum Number of Plates
Fewer than 12	3
At least 12 but less than 25	6
At least 25 but less than 37	7
At least 37 but less than 49	8
49 or more	At least 8, but no more than 5 times the average number of qualifying sales representatives employed by the dealer during the relevant 12-month period.

7. To indicate which classifications of plates are needed, complete the enclosed ISU-405 and submit with the ISU-403.
8. The enclosed Affidavit (ISU-418) must be completed in its entirety and must be notarized. Only original documents will be accepted. Copies will not be accepted.
9. The fee for each sales, factory and distributor representative is $25.50 per year. ***Please ensure that you endorse, notarize and return applications with your completed renewal packet.*** Only original documents will be accepted. Copies will not be accepted.
10. All used motor vehicle dealers must show proof that the applicant has completed one 6-hour Continuing Dealer Education Course for each year of the licensing period immediately preceding the renewal. The course must be approved by the Division if the applicant is seeking a renewal license. Refer to N.C.G.S. § 20-288(2) for clarification and exemptions.
11. You should total all fees and submit applications and fee remittance. Make check or money order payable to NC Division of Motor Vehicles.

    Applications should be mailed to:
    NC State Highway Patrol – Dealer Section
    3129 Mail Service Center
    Raleigh, NC 27697-3129

We encourage you to return your application and fees by mail to the North Carolina State Highway Patrol Dealer Section as soon as possible, so that you will receive your licenses and plates prior to your renewal date. Thank you for your prompt attention to the renewal request.

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.

   NAME **ADDRESS** **TITLE**

   _____

   _____

   _____

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
	Select One	Select One	Select One
	Select One	Select One	Select One
	Select One	Select One	Select One
	Select One	Select One	Select One
	Select One	Select One	Select One

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: _____

NORTH CAROLINA STATE HIGHWAY PATROL

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

AFFIDAVIT

Dealer No: _____

This is to certify that I have the authority to sign for _____
Dealership Name

and that the answers given to the following questions are true and correct.

1. What is the average number of qualifying sales representatives you have employed during the previous twelve (12) months? _____
   NOTE: A qualifying sales representative is a person who works twenty-five (25) hours per week on a regular basis and is compensated by the dealer for their work.

2. How many vehicles/trailers were sold by your dealership in the previous twelve (12) months? _____
   NOTE: A sale requires a transfer of ownership and a reassignment of title.

I understand that any false or incorrect statement may result in the revocation of my dealer license and possible criminal prosecution.

An active dealer bond is required to operate as a North Carolina automotive dealer. If you have obtained a new bond since your last renewal, you must submit the original signed and sealed copy to the Dealer Unit for recording.

ACKNOWLEDGEMENT

I certify that the above information is true and accurate to the best of my knowledge.

_____ _____
Signature of Dealership Corporate Officer, LLC Member, Partner or Proprietor Date

Signature of Applicant: _____

Date: _____ County: _____ State: _____

I certify that the following person(s) 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(s)).

Notary Signature: _____ Notary Printed or Typed Name: _____

(SEAL) My Commission Expires :_____

NORTH CAROLINA STATE HIGHWAY PATROL

INVESTIGATIVE SERVICES UNIT – DEALER SECTION

3129 MAIL SERVICE CENTER, RALEIGH, NC 27697

APPLICATION FOR DEALER PLATES

Dealer plates are issued for two (2) years to align with the expiration of the dealer licenses. Reference Session Law 2025-22 (House Bill 421).

DEALER LICENSE NUMBER: _____ EXPIRATION DATE: _____

(A) DEALER PLATES. Use the following worksheet to calculate plate fees. The first five (5) plates renewed and/or issued are $46.25 per plate per year. Additional plates renewed and/or issued are $23.13 per plate per year.

NOTE: The ISU-418 (Affidavit) determines the number of plates your Dealership is eligible for. The Regional Transportation Authority (RTA) Tax are calculated as follows:

Wake/Orange/Durham Counties- $17.00 additional per plate/year.
Randolph County- $1.00 additional per plate/year.

1. Number of Dealer Plates indicated on **ISU-419** for renewal and/or replacement:_____

2. Additional/New Dealer plates requested. **(Enter quantity beside each type of plate requested)**

_____Independent Dealer _____Franchise Dealer _____Motorcycle Plate _____Exempt Trailer

_____Manufacturer Plate _____Motorcycle Manufacturer

3. Quantity of Dealer plates (up to five) _____x $**46.25 each/year** + Transit Tax $_____= Total Fee $_____

4. Quantity of additional Dealer plates _____x $**23.13 each/year** + Transit Tax $_____= Total Fee $_____

(B) DEALER TRANSPORTER PLATES

5. Number of Dealer Transporter plates indicated on **ISU-419** for renewal and/or replacement: _____

6. Number of Additional/New Dealer Transporter plates requested: _____

7. Total Dealer Transporter plates _____x $**23.13 each/year** + Transit Tax $_____= Total Fee: $_____

(C) LOANER DEALER PLATES. Only Franchise Dealerships are eligible to obtain these plates.

8. Number of Loaner Dealer plates indicated on **ISU-419** for renewal and/or replacement:_____

9. Number of Additional/New Loaner Dealer plates requested: _____

10. Total Loaner Dealer plates _____x $**200.00 each/year** + Transit Tax $_____= Total Fee: $_____

11. Late fee per plate within one month of expiration. Number of plates _____X $15.00 Late Fee: $_____
LATE FEES*:* A late fee of $15.00 per plate will be charged on renewals beginning the first day of the month following the expiration date

12. Add lines 3, 4, 7, 10 and 11**= GRAND TOTAL $_____**
(Enter total on ISU-403, ISU-403A or ISU-400)

NORTH CAROLINA STATE HIGHWAY PATROL

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

RENEWAL APPLICATION FOR DEALER AND TRANSPORTER PLATES

License Number:_____ Expiration Date:_____

1. Have any of your current plates or the ones listed below been lost, stolen, mutilated or are no longer in your possession? **YES** ☐ **NO** ☐
   If yes, please list those plates and indicate whether each plate is **LOST, STOLEN, or MUTILATED:**

_____

_____

_____

2. Please select the appropriate category(s) for plate renewal:

   a. PLATE CATEGORY: Select

   b. PLATE CATEGORY: Select

   c. PLATE CATEGORY: Select

   d. PLATE CATEGORY: Select

   e. PLATE CATEGORY: Select

FEES: $25.50 per applicant per year

NORTH CAROLINA STATE HIGHWAY PATROL

INVESTIGATIVE SERVICES UNIT – DEALER SECTION

3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

APPLICATION FOR SALES REPRESENTATIVE LICENSE

1. APPLICANT INFORMATION.

Please print legibly. Illegible forms will not be processed. Use complete legal name as it appears on your Driver's License/ID Card.

Applicant Name:_____ Driver's License State / Number: _____ / _____

Physical Address: _____

City:_____ State:_____ Zip:_____

Birthdate:_____ Race:_____ Weight:_____

Hair Color: _____Sex:_____ Height:_____ Eye Color:_____

☐ Dealer Sales Representative ☐ Distributor Sales Representative ☐ Factory Representative

2. ENDORSEMENT BY EMPLOYER. AS EMPLOYER I UNDERSTAND THAT I AM RESPONSIBLE FOR THE ACTS OF ALL SALES REPRESENTATIVES EMPLOYED BY ME WHILE ACTING AS MY AGENT.

Business Name: _____ Dealer License Number: _____

Address: _____

Printed Name of Employer:_____

Signature of Employer:_____ Date:_____

3. AS THE APPLICANT, I HEREBEY CERTIFY THAT:

(1) I have been convicted of an offense set forth under N.C.G.S. § 14-71.2, 20-106.1, 14-160.4 or 20-112 within 5 years next preceding the date of filing the application. ☐ **Yes** or ☐ **No** (*mark one*) ***Initial:** _____

(2) I have been convicted of a crime: (a) possibly related to the duties and responsibilities for holding a sales representative license; or (b) violent or sexual in nature. ☐ **Yes** or ☐ **No** (*mark one*) ***Initial:** _____

(3) I have previously been denied or had a license issued under the Dealer Licensing Act that was suspended or revoked. ☐ **Yes** or ☐ **No** (*mark one*) ***Initial:**_____

(4) I am familiar with and will comply with all the laws and regulations governing the conduct of motor vehicle dealers or sales representatives and will cooperate with the Division and the North Carolina State Highway Patrol in administering the North Carolina Motor Vehicle Dealers and Manufacturers Act. The information and certifications contained in this application are true and correct to the best of my knowledge and belief. ☐ **Yes** or ☐ **No** (*mark one*) ***Initial:**_____

In reviewing an application, the Division may only deny an application based on a conviction under the requirements of N.C.G.S. § 20-294 and N.C.G.S. § 93B-8.1. Upon review of the application where the applicant has a criminal conviction, the Division shall consider:

(1) The level and seriousness of the crime.
(2) The date of the crime.
(3) The age of the individual at the time of the crime.

Requirements continued.

(4) The circumstances surrounding the commission of the crime, if known.

(5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.

(6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.

(6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment.

(6b) A Certificate of Relief granted pursuant to G.S. 15A-173.2.

(7) The subsequent commission of a crime by the applicant.

(8) Any affidavits or other written documents, including character references.

If you answered "YES" to questions 3(1), 3(2), or 3(3) above indicating that you have such a conviction, you may attach any information relevant for the Division to consider in reviewing your application. Such information can include, but not be limited to, the considerations listed above in (1) through (8) that the Division shall consider.

Any material misstatement on this application and/or other grounds besides convictions listed under N.C.G.S. § 20-294 may authorize the denial of the application.

If the Division denies an application based on a conviction, the applicant may appeal the denial under the procedures set forth under N.C.G.S. § 20-300 and Article IV of Chapter 150B. If the Division denies an application based on the remaining provisions of N.C.G.S. § 20-294, the applicant may seek an administrative hearing under N.C.G.S. § 20-296.

N.C.G.S. § 93B-2 requires the Division to track and report to the Secretary of State, the Attorney General, Military & Veteran's Affairs, and the Joint Legislative Administrative Procedure Oversight Committee, an annual report containing the following information:

Is the applicant, listed on this application, active-duty military, a military veteran, or a military spouse?
☐ **Yes or** ☐ **No** (*mark one*)

If **yes**, complete the information below:

I am Active-Duty Military	I am a Military Veteran	I am a Military Spouse
☐ **Yes or** ☐ **No** (*mark one*)	☐ **Yes or** ☐ **No** (*mark one*)	☐ **Yes or** ☐ **No** (*mark one*)

Signature of Applicant:_____ Date:_____

County: _____ State: _____

I certify that the following person(s) 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(s) of principal(s)).

Notary Signature _____ Notary Printed or Typed Name _____

(SEAL) My Commission Expires _____