NEW JERSEY
MOTOR VEHICLE COMMISSION

Trenton, New Jersey 08666

STATE OF NEW JERSEY
P.O. Box 171
Dealer Section

Diane Legreide
Chief Administrator

PLEASE READ CAREFULLY

Enclosed are applications and supplemental forms necessary to apply for a motor vehicle leasing license. If you lease vehicles for a period of 120 days or more you must be licensed.

Each applicant for a motor vehicle leasing license shall have established and maintained a place of business at the time such license is issued. An established place of business must have an exterior sign and be in conformance with all municipal requirements. No license approval will be granted when the applicant intends to use the premises of a currently licensed dealer or the premises of the proprietor of an allied business.

A licensed motor vehicle leasing firm is restricted to the leasing of motor vehicles and may only sell leased vehicles to the vehicle lessee, a family member of the lessee, an employee of the lessee or at wholesale to another dealer. A licensed dealer is restricted to moped sales only.

When all investigations are concluded and the applicant approved, a certified check or money order will be requested, as well as a current certificate reflecting liability coverage in the minimum amounts of $15,000/$30,000 bodily injury and $5,000 property damage for all owned or fleet vehicles. Such insurance certificate must contain a 30-day cancellation clause.

In addition to the above, the leasing company must provide a surety bond in favor of the State of New Jersey in the amount of $10,000. The bond must be executed by a surety company authorized to transact business in the State. The bond must be for a 12-month term and must be renewed at expiration for successive 12-month periods.

The fee for the license is $100 plus an additional fee of $158.50 for one set of registrations and five license plates.

If you have any questions, please call (609) 292-4517. Thank you for your cooperation in this endeavour.

Business License Services

New Jersey is an Equal Opportunity Employer

New Jersey
Motor Vehicle Commission

Trenton, New Jersey 08666

STATE OF NEW JERSEY
Business License Services
P.O. Box 171
Trenton, New Jersey 08666-0171

NOTICE

MOTOR VEHICLE INSTALLMENT SELLERS LICENSE

All licensed motor vehicle dealers who sell motor vehicles to retail buyers and who wish to execute retail installment contracts in connection with such sales shall be required to obtain a motor vehicle installment seller's license from the Commissioner of the Department of Banking.

Failure to obtain the required motor vehicle installment seller's license from the Commissioner of Banking before engaging in such business shall subject you to penalties provided by the Retail Installment Sales Act of 1960, N.J.S.A. 17:16C et.seq.

Additional information regarding this New Jersey statute and the application form to be used in applying for a motor vehicle installment seller's license must be obtained from:

License Section
N.J. Department of Banking
P.O. Box 040
Trenton, NJ 08625-0040
609-292-5340

NOTE: Applications for this license should be obtained as soon as possible. Timely filing and license issuance will ensure your ability to discount contracts to your financial institution or licensed sales finance lender.

Motor Vehicle Commission

Business License Services
PO Box 171
Trenton, New Jersey 08666-0171

APPLICATION FOR LICENSE

FOR OFFICE USE ONLY

License No. _____

Reg. No. _____

Approved by _____

_____
Date

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code _____

1. _____
Name of Business (if corporation, corporate name)

_____
Business phone

_____
Street Address

_____
City Zip Code County

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number _____
B. NJ Unemployment Registration Number _____
C. Federal Employer Identification Number _____

2. Please Check:

[ ] Corporation [ ] Partnership [ ] Proprietorship

[ ] Other _____

3. Please Check appropriate Box for License:

[X] Leasing Company
[ ] Driving School
[ ] Moped Dealer
[ ] Junkyard
[ ] Private Inspection Facility
[ ] Fleet DEIC
[ ] New & Used Motor Vehicle Dealer
[ ] Auto Body Repair Facility
[ ] Used Motor Vehicle Dealer
[ ] Fleet Inspection Facility
[ ] DEIC

[ ] Other _____

4. Complete the following for proprietor, partners, or corporate officers:

Name	Title	Home Address	Telephone Number

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

[ ] Yes
[ ] No

if yes, explain:

6 Do you knowingly intend to employ a person who has been convlcted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

[ ] Yes
[ ] No

Give name and address of person _____

7 Have the owners, partners or corporate officers ever held any of the above licenses?

[ ] Yes
[ ] No

If yes, please explain the type of license and license numbers _____

8. Was the license ever suspended or revoked?

[ ] Yes
[ ] No

If yes, explain:

9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name

[ ] Yes
[ ] No

If yes, explain:

10. Does any stockholder own more than 10% of the corporation's stock?

[ ] Yes
[ ] No

If yes, give name, address and holding

11 _____
Place of Incorporation

_____
Date of Incorporation

_____
Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate papers.

12 The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.

13 The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I am _____ of the above business _____
Owner, Partner, Officer

and that the information I have submitted is true to the best of my knowledge.

_____
Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of _____

who is _____ of said corporation.
President, Vice-President

_____
Signature of Secretary

APPROVAL CERTIFICATE

I, _____ Clerk of the Municipality of _____ County of _____
(Print Name)

State of New Jersey, hereby certify that the business checked below is an approved use or that the Municipal Governing Body or Zoning Commission has approved the location. establishment and maintenance of the

[X] Leasing Company
[ ] Driving School
[ ] Moped Dealer
[ ] Junkyard
[ ] Private Inspection Facility
[ ] Fleet DEIC
[ ] New & Used Motor Vehicle Dealer
[ ] Auto Body Repair Facility
[ ] Other _____
[ ] Used Motor Vehicle Dealer
[ ] Fleet Inspection Facility
[ ] DEIC

,located at _____
Complete Address

_____
Signature of Municipal or Zoning Board Clerk

_____
Date

BUSINESS LICENSE SERVICES
SUPPLEMENTARY APPLICATION

BUSINESS NAME	BUSINESS PHONE #

1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY

2. STREET ADDRESS | CITY | STATE

3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? | HOME PHONE #

4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.

5. DATE OF BIRTH (MO. DAY, YEAR) | 6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)

7. SEX	8. HEIGHT	9. WEIGHT	10. COLOR OF EYES

11. SOCIAL SECURITY NUMBER | 12. DRIVER LICENSE NUMBER (STATE)

13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? ☐ YES ☐ NO

IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.

14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE _____

1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY

2. STREET ADDRESS | CITY | STATE

3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? | HOME PHONE #

4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.

5 DATE OF BIRTH (MO. DAY, YEAR) | 6. PLACE OF BIRTH: (CITY. STATE OR FOREIGN COUNTRY)

7. SEX	8. HEIGHT	9. WEIGHT	10. COLOR OF EYES

11. SOCIAL SECURITY NUMBER | 12. DRIVER LICENSE NUMBER (STATE)

13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? ☐ YES ☐ NO

IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.

14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE _____

NEW JERSEY
MOTOR VEHICLE COMMISSION

Trenton, New Jersey 08666

STATE OF NEW JERSEY
Motor Vehicle Commission
Business License Services

CHILD SUPPORT CERTIFICATION FORM

_____
Business Name

_____ _____
Applicant's Name (Print) Date of Birth

_____
Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arranged amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statement may subject me to contempt of court.

_____ _____
Signature Date

Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
BUSINESS LICENSE SERVICE BUREAU

TO ALL MOTOR VEHICLE DEALERS

The Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of certification as a licensed Motor Vehicle Dealership.

As part of the Business License application process, it is required that all proprietors, partners and corporate officers schedule an appointment with the State's fingerprint scan vendor **SAGEM MORPHO, INC.**

All you need to do is call this toll free number **1-877-503-5981 (English or Spanish Operators) or TTY-1-800-673-0353 (Hearing Impaired Modem Required)** to arrange an appointment to be scanned at an established site. When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number. Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicles identification numbers:

ORIGINATING AGENCY REFERRAL NUMBER (ORI)	**NJ 920530Z**
AGENCY CASE NUMBER	**(YOUR DRIVER LICENSE NUMBER)**
CATEGORY	**MVK**
DOCUMENT TYPE	**RBI**
STATUTE	**39:10-19,20 NJ DMV DEALER LICENSE**

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 1 thru 18 as well as your driver's license number in block 22 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. You will be required to pay a one-time fee in the amount of **$78.00** incorporating all required background checks. Payment must be made at the time of scheduling your appointment. **AT THE TIME OF SCANNING YOU WILL RECEIVE A RECEIPT FROM THE STATE'S VENDOR. PLEASE SUBMIT THIS RECEIPT OR A COPY THEREOF AS PART OF YOUR BUSINESS LICENSE APPLICATION PACKAGE.**

If you have any questions concerning this procedure. Please contact the following area:

NEW JERSEY MOTOR VEHICLE COMMISSION
BUSINESS LICENSE SERVICE BUREAU
DEALER LICENSING SECTION
609-292-4517

PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED.

Applicant Information – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. YOU MUST PRESENT THIS FORM TO BE FINGERPRINTED. NO EXCEPTIONS ALLOWED. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING AND MUST HAVE A VALID EXPIRATION DATE. EXPIRED NEW JERSEY PHOTO DRIVER LICENSE WILL BE ACCEPTED IN COMBINATION WITH CURRENT NON-PHOTO LICENSE. NO OTHER EXPIRED IDENTIFICATION WILL BE ACCEPTED. SEE BOX 26 FOR ID REQUIREMENTS.

For applicants who must pay their own fingerprinting fees, payment will be required at the time of scheduling for certified check, credit card and money order payments. Your account will be charged at the time you schedule. A fee of $14 is charged to cover the cost of a scheduledappointment for applicants who do not cancel by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). The $14 fee also applies to applicants who are turned away from the printing sites due to their inability to present proper ID as defined below (26), or who fail to present Universal Fingerprint Form NJAPSl V 1.7 provided to you by your agency and required for printing (this form). State and Federal search fees will be refunded. State agencies are notified of no shows.

Appointment scheduling is available via the web at **www.bioapplicant.com/nj** 24 hours per day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free call center at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 AM and Saturday 8:00 AM to 12 noon. Hearing impaired scheduling is available at (800) 673-0353. English and Spanish operators are available through the Call Center.

Payment by money order at the site will be accepted for applicants scheduling via the call center only. Money order payment must be indicated at the time of scheduling. No pther form of payment will be accepted at the fingerprinting site.

Your applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. You must record this information in the appropriate blocks to the right while speaking with the operator. Your PCN number will be recorded when your fingerprinting has been completed. Retain this form as proof of fingerprinting. No receipts will be provided after the date of printing.

Date/Time of Appointment	Applicant Id Number
PNC	Payment Confirmation

(1) First Name	(2) Middle Initial	(3) Last Name		
(4) Daytime Telephone Number	(5) Social Security Number	(6) Date of Birth	(7) Height	(8) Weight
(9) Maiden Name (if married female)	(10) Place of Birth (State for US Citizens - Country for all others)	(11) Country of Citizenship		
(12) Home Address				
Address	City	State	Zip	

(13) Gender (select one)	(14) Hair Color (indicate most predominant color, one only)	(15) Eye Color	(16)Race (select one)
Male ☐ Female ☐ Both ☐			A Asian/Pacific Islander (Includes Asian Indian) B Black I American Indian/Alaska Native W White (Includes Hispanic/Spanish origin) U Unknown

(17) Occupation	(18) Employer Name and Address
NOTE: Items 19-25 to be completed by employer or agency.	
(19) Statute Number 39:10-19,20	(20) Reason for Fingerprinting NJ DMV Dealer License
(21) Originating Agency Number (ORI#) NJ920530Z	(22) Contributor's Case Number (Agency Unique Identifier) DL#
(23)Category MVK	(24)Document Type RB1
(26) ACCEPTABLE ID: ID MUST BE ISSUED BY FEDERAL, STATE, COUNTY OR MUNICIPAL ENTITY FOR IDENTIFICATION PURPOSES AND MUST INCLUDE PHOTO, NAME, ADDRESS (HOME/EMPLOYER) AND DATE OF BIRTH. EXAMPLES OF ACCEPTABLE IDENTIFICATION INCLUDE 1) PHOTO DRIVER'S LICENSE OR PHOTO ID ISSUED BY ANY STATE DMVOR NJMVC, 2) PASSPORT OR IMMIGRATION ID 3) FEDERAL, STATE, COUNIY OR MUNICIPAL EMPLOYMENT ID.	(25) Payment Information ☐ Visa ☐ Master Card ☐ Money Order ☐ Certified Check $78.00

New Jersey
Motor Vehicle Commission

Office of Regulatory Affairs
Business License Services
P.O. Box 171
Trenton, New Jersey 08666-0171

BUSINESS HOURS

Name of Business_____ License No. _____

Address_____

Days Open for Business	**Business Hours**
Monday	From _____ To _____
Tuesday	From _____ To _____
Wednesday	From _____ To _____
Thursday	From _____ To _____
Friday	From _____ To _____
Saturday	From _____ To _____

Signature of Proprietor, partner or officer_____

Date_____

Motor Vehicle Commission

Business License Services
PO Box 171
Trenton, New Jersey 08666-0171

SIGNATURE CARD

The undersigned Licensee hereby authorizes the person(s) whose signatures appear below to execute and sign Title Papers and/or estimates on behalf of the licensee:

(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)
(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)
(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)
(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)
(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)

DEALER NAME & LICENSE NO. (Print in full) _____

LICENSEE'S SIGNATURE _____

(OWNER, PARTNER OR CORPORATE OFFICER) DATE

Signature card or cards must be filed for all persons authorized to sign title papers and/or estimates. If you authorize any other person to sign title papers and/or estimates or if you revoke the authority of any person to sign such papers, you shall notify this Bureau immediately and re-submit current signature card or cards, covering all persons in authority to sign title papers and/or estimates.

All signature cards prior to the most current are invalid.