



**NON-VIRGINIA MOTOR VEHICLE DEALER  
CERTIFICATE OF REGISTRATION  
INITIAL CERTIFICATE, RENEW OR CHANGE  
APPLICATION**

MVDB 52 (07/01/2014)

FOR LICENSE YEAR  
ENDING (yyyy) \_\_\_\_\_

**Purpose:** Use this form to apply for an initial certificate of registration or to renew or change an existing certificate.  
**Instructions:** Mail completed form to MVDB, 2201 West Broad Street, Suite 104, Richmond, VA 23220.

MVDB USE ONLY				
REGISTRATION NUMBER	MVTRF	REGISTRATION FEE	OVERPAY	CLERK INITIALS

APPLICATION INFORMATION		
FOR REGISTRATION ENDING: MONTH      YEAR	APPLICATION TYPE (check one) <input type="checkbox"/> INITIAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> CHANGE	BRIEFLY DESCRIBE CHANGE

COMPUTER PRINTED MAILING ADDRESS	TYPE OF MOTOR VEHICLE DEALER LICENSE <input type="checkbox"/> CAR/TRUCK <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> RECREATIONAL VEHICLE <input type="checkbox"/> TRAILER
<b>OWNER/PARTNER/OFFICER INFORMATION</b>	
On the back of this form list the name, title and residential address of each owner, partner and/or officer of the business. Use additional sheets if necessary.	
<b>AUTHORIZED REPRESENTATIVES INFORMATION</b>	
On the back of this form list the name of individuals authorized to represent your business and to sell vehicles at Virginia wholesale auto auctions. Use additional sheets if necessary.	

BUSINESS INFORMATION					
BUSINESS TYPE (check one) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC					
DEALER SSN OR FEIN	DEALER TELEPHONE NUMBER	STATE WHERE LICENSED	STATE CERTIFICATE NUMBER	CERTIFICATE EXPIRATION DATE (mm/dd/yyyy)	
BUSINESS NAME				BUSINESS TELEPHONE NUMBER	
BUSINESS TRADING AS NAME				CELL PHONE NUMBER	
MAILING ADDRESS (P.O. Box only is not acceptable)			CITY OR TOWN	STATE	ZIP CODE

ADDITIONAL INFORMATION	
<b>CHECK YES OR NO FOR EACH QUESTION</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>A.</b> Has any owner, partner, or officer of business ever been refused a Motor Vehicle Dealer's License or Certificate of Registration or had his/her license or certificate suspended or revoked?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>B.</b> Has any owner, partner, or officer of business ever been convicted of a felony?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>C.</b> Has any owner, partner, or officer of business ever been convicted of any fraudulent or criminal act in connection with the business of selling motor vehicles?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>D.</b> Has any owner, partner, or officer of business ever been convicted of larceny of a vehicle OR receipt or sale of a stolen vehicle?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>E.</b> Has any owner, partner, or officer of business ever been convicted of odometer tampering or any related violation?
If the answer to any of the above questions is YES, explain (include names, dates and court jurisdictions).	

PRIVACY STATEMENT
In accordance with Section 2.1-196.1, 2.1-731 and 2.1-734 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

CERTIFICATION		
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to MVDB are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.		
OWNER, PARTNER, OFFICER OF THE BUSINESS NAME (print)	SIGNATURE	DATE (mm/dd/yyyy)

