



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

INSTRUCTIONS FOR COMPLETING AN ORIGINAL APPLICATION FOR THREE YEAR VEHICLE DEALER CERTIFICATE AS A DEALER OR REBUILDER OF VEHICLES

OFFICE HOURS for Business License Unit, in the Salem DMV Headquarters office,
in person are 8:00 – 4:30 p.m., Monday through Friday excluding holidays.

READ ALL PARTS of the application before completing it. Your application will be returned to you if any part is incomplete or missing. If a new application is brought to Business License in Salem, a receipt **ONLY** will be issued.

SUBMIT THESE ITEMS TOGETHER:

- ✓ YOUR COMPLETED APPLICATION (Be sure you provide copies of ALL owners, partners, LLC members or corporate officers official photo ID's)
- ✓ PLATE BILLING LIST (Renewal applications only)
- ✓ 3 YEAR SURETY BOND (Be sure you sign it!)
- ✓ LIABILITY INSURANCE CERTIFICATE
- ✓ EDUCATION CERTIFICATE from an approved provider DMV CERTIFICATE OF EXEMPTION (Form 370C)
- ✓ FEES (Fees are itemized on the front of the application: use the plate billing list to renew)

MAIL TO:

DMV BUSINESS LICENSE UNIT
1905 LANA AVE NE
SALEM OR 97314

Phone: **(503) 945-5052**

Website: **www.oregondmv.com**

LEGAL NAME – If your business is a sole proprietorship, list your full name as the legal name. If your business is a partnership, list the full names of each partner or the partnership name. If your business is an LLC, list the name of the limited liability company (includes “LLC”) registered with Business Registry. If your business is a corporation, list the name of the corporation (includes Inc, Corp, etc.) registered with Business Registry.

BUSINESS NAME – If using an assumed business name or trade name, list the business name registered with Business Registry. If you do not know your Oregon registry number(s), contact Business Registry at (503) 986-2200.

MAIN BUSINESS LOCATION – Write the address of your primary business location on Line 3. Your vehicles must be sold and displayed for sale at this location. Selling or displaying vehicles at a different location is a violation of 822.025(3). If you change your business location you must submit a correction application (Form 371) to DMV before you sell or display vehicles for sale at the new location.

MAILING ADDRESS – All mail will go to the address on Line 4, except items which need a UPS-type (like trip permit books, temporary permit books, dealer handbook) delivery will go to the business address on Line 3.

SUPPLEMENTAL LOCATION USING THE SAME BUSINESS NAME – A separate supplemental application (Form 372) must be completed for each additional location from which you operate dealer business. You must conduct business at each supplemental location under the same name as the primary location.

TYPE OF OPERATION – Complete **all** information on Lines 5 through 8.

CITY/COUNTY LOCATION APPROVAL – Take your dealer application to the local city or county office to obtain their approval on Lines 9-11. Look in the phone book to find the address for your local office. The listing may be under “zoning,” “land use” or “permits.” Some cities and counties charge a fee for signing the application. Pursuant to ORS 822.025(6)(a)(b)(A)(B) you must get location approval on your original application.

DMV DEALER LOCATION EXEMPTIONS – Pursuant to OAR 735-150-0030 each business location established by a dealer shall: (1) have sufficient space to display one or more vehicles of the type the dealer has been issued a certificate to sell; (2) provide a means for the public to contact the dealer or an employee of the dealer at all times during the dealer's normal business hours; (3) have displayed an exterior sign permanently affixed to the land or a building which identifies the dealership by the name shown on the vehicle dealer certificate; and (4) have displayed, in a publicly accessible and conspicuous manner, the vehicle dealer certificate. Any dealer wanting an exemption from the requirements in (1) thru (3) above must complete a request for location requirement exemption Form 7178 (**separate from city/county approval**). There is no exemption permitted from (4) above.

OWNERSHIP / APPLICANT'S CERTIFICATION SIGNATURE – Provide name, residence address, mailing address and signature of owners, partners, LLC members or corporate officers on Page 3, do not list CEOs, Chairs of the Board, General Managers, Directors, et al. **Every** owner listed on the application **must** provide a certifying signature. Missing signatures are the number one reason dealer applications get rejected. **Please attach (staple) copies of ALL owners, partners, LLC members or corporate officers official photo ID's (driver license or state issued identification card ONLY) to your application.**

PRINCIPAL'S DEALER HISTORY – Complete **all** information in this section.

SURETY BOND – The bond form provided by DMV must be completed, signed and sealed by your bonding company. **You** must sign the bond, too. The owner name(s), legal and business name and business location on the bond must match the dealer application exactly. The bond must expire on the last day of the month.

LIABILITY INSURANCE CERTIFICATION – The liability insurance certification form provided by DMV must be completed, signed and stamped by your insurance company. DMV will also accept an insurance company form furnished by the insurance company as long as it duplicates the DMV form. DMV does not accept “**ACORD**” forms or binders.

DEALER EDUCATION –

- Must submit education certificate from an approved provider or DMV Certificate of Exemption (Form 370C).
- Original Applicant needs 8 hours of education (check www.oregondmv.com Business Regulations for providers).
- Renewal applicant needs 5 hours of education per year in a licensing period.
- Must be completed by one of the applicants.

OTHER INFORMATION

CHANGING YOUR BUSINESS NAME – You must file a correction application (Form 371) with DMV **before** you conduct dealer business using a new name. The correction application must be signed by an owner and include:

- a rider from your bonding company,
- a new certificate of insurance from your liability insurance company,
- a fee of \$30.

CHANGING YOUR BUSINESS LOCATION – If you move your dealership, you must file a correction application (Form 371) with DMV **before** you sell or display at a new location. The correction application must be signed by an owner and include:

- location approval from the city or county,
- a rider from your bonding company,
- a new certificate of insurance from your liability insurance company,
- a fee of \$30.

CHANGING YOUR BUSINESS NAME and LOCATION – You must file a correction application (Form 371) with DMV if you change your business name **and** location. The correction application must be signed by an owner and include:

- a rider from your bonding company,
- a new certificate of insurance from your liability insurance company,
- a fee of \$30 for each change = total \$60.

OTHER CHANGES – You must file a correction application (Form 371) with DMV if you add or remove a partner, LLC member or corporate officer or change your ownership structure (e.g.; individual to partners, partners to corporation, LLC to corporation, etc.). The correction application must be signed by an owner (including all new owners being added or removed) and include:

- a rider from your bonding company,
- a new certificate of insurance from your liability insurance company,
- no fee for this type of change.

SUPPLEMENTAL LICENSE – You need a supplemental business certificate for each additional location where you conduct dealer business. The supplemental location **must** use the same business name as the primary location. A supplemental application must be filed with DMV **before** you conduct dealer business at the additional location. The supplemental application (Form 372) must be signed by an owner and include:

- location approval from the city or county,
- an endorsement from your bonding company (you may attach a rider),
- see application for fees.

DEALER PLATES – Dealer plates may **not** be used on a vehicle that is hauling cargo or towing another vehicle. Dealer plates may not be used to move a manufactured home. Dealer plates may not be loaned.

- To report a missing plate, please write to DMV Business License Unit at 1905 Lana Ave NE, Salem OR 97314, or send a fax to (503) 945-5289. Specify the alpha character of the missing plate (DA123A).
- To purchase an additional plate(s), please write to: DMV Business License Unit, 1905 Lana Ave NE, Salem OR 97314; or call number listed below.

If you have any questions please contact Business License Unit at (503) 945-5052



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

APPLICATION FOR THREE YEAR VEHICLE DEALER CERTIFICATE

AS A DEALER OR REBUILDER OF VEHICLES

CUSTOMER NUMBER	EFFECTIVE DATE	EXPIRATION DATE	DEALER NUMBER	<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> RENEWAL
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If this is a renewal, do not complete the fee information. Use the attached billing list to calculate your fees. The billing list **MUST** be submitted with your renewal application.

Original Certificate (Includes one plate)..... \$ **1,012.00**
Additional Locations _____ @ \$230.00 \$ _____
 (Supplemental Application Form 735-372 required for each location)
Additional plates _____ @ \$54.00 \$ _____

TOTAL = \$

OFFICE USE	CERTIFICATE FEE
	LATE FEE
	SUPPLEMENTALS
	RENEWAL PLATES
	ADDITIONAL PLATES
	TOTAL \$
	TEMPORARY PLATES

BUSINESS NAME AND ADDRESS *Any alteration of Line 3 voids location approval.*

1 LEGAL NAME OF APPLICANT (OWNER, PARTNERSHIP, LLC OR CORPORATION NAME)	OREGON REGISTRY NUMBER (IF LLC OR CORPORATION)		
2 BUSINESS NAME (IF ASSUMED BUSINESS NAME, FILL IN REGISTRY NO.)	OREGON REGISTRY NO.	BUSINESS TELEPHONE	
3 MAIN BUSINESS LOCATION (STREET AND NUMBER)	CITY	ZIP CODE	COUNTY
4 MAILING ADDRESS	CITY	STATE	ZIP CODE

TYPE OF OPERATION

5 CHECK ORGANIZATION TYPE: Individual Partnership LLC Corporation: _____
 If corporation, list the state under which business is incorporated: _____

6 I / we primarily sell: New Vehicles Used Vehicles

7 I / we are a franchise dealer: Yes No **If "Yes," name the makes** ➤

8 I / we sell **NEW RECREATIONAL VEHICLES**: Yes No

IF "YES," SERVICE FACILITY LOCATION (STREET AND NUMBER) _____ CITY _____ ZIP CODE _____

LOCATION APPROVAL (If renewal, required only if dealer is changing business location)

Certification of Local Zoning and Business Regulatory Compliance. ORS 822.005 requires a vehicle dealer license, unless exempt under ORS 822.015, for any person who:

- (a) Buys, sells, brokers, trades or exchanges vehicles either outright or by means of any conditional sale, bailment, lease, security interest, consignment or otherwise; OR
- (b) Displays a new or used vehicle, trailer, or semitrailer for sale; OR
- (c) Acts as any type of agent for the owner of a vehicle to sell the vehicle or acts as any type of agent for a person interested in buying a vehicle to buy a vehicle.

THE CERTIFICATION BELOW IS TO BE COMPLETED BY THE LOCAL ZONING OFFICIAL. Your approval below should be based upon whether the applicant can do **ANY** of the activities listed in (a) through (c) above under your ordinances, at the location of the business given on Line 3. Pursuant to ORS 822.025(6)(b)(A)(B), applicant meets requirements below.

As the zoning official for the locality in which this business is located, I verify by my signature below that the location of this business as stated on this application, complies with any land use ordinances and business regulatory ordinances of the city or county, as appropriate pursuant to ORS 822.025.6(a)

9 <input type="checkbox"/> CITY OF: _____ <input type="checkbox"/> COUNTY OF: _____	TELEPHONE NUMBER () _____
10 PRINT NAME _____	TITLE _____
11 SIGNATURE _____	DATE _____

▽ Place stamp or seal here ▽

PRINCIPAL'S DEALER HISTORY

Information on the principals of this business is requested under Oregon Revised Statutes (ORS) 822.035 and Oregon Administrative Rule (OAR) 735-150-0024.

OAR 735-150-0010(15) defines the principal of a dealership as **any person who controls or manages** the business organization, the employees, or the agents of the business organization. "Principal" includes all owners, partners, members, corporate officers, managers, directors, et al.

Please provide the following information about all owners listed on this application and other principal(s) of the business:

- 12 Has any principal of this dealership been financially or operationally involved in **any jurisdiction**, including Oregon, with a vehicle dealership whose license or right to apply for a license was **revoked** or is **currently suspended**?
- NO YES, revoked currently suspended. If "YES," complete Section 13.

13

NAME OF DEALERSHIP		PRINCIPAL'S NAME	
DEALER LICENSE NUMBER	STATE WHERE SUSPENDED / REVOKED	DATE OF SUSPENSION / REVOCATION	EXPIRATION OF SUSPENSION

- 14 Have you ever been an owner or principal on a vehicle dealer license in Oregon (excluding current application)?
- NO YES: If "YES," complete Section 15.

15

NAME OF DEALERSHIP		PRINCIPAL'S NAME	
DEALER LICENSE NUMBER			

OWNER INFORMATION AND CERTIFICATION

False certification is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$1,000 or both. In addition, civil penalties and DMV sanctions against you or your dealer certificate may be imposed. With this in mind . . .

I CERTIFY . . .

- I am the owner, a partner, limited liability company member or corporate officer of this dealership and my name is listed on this application.
- ALL information on this application is accurate and complete.
- I deal in vehicles and conduct business at the location given on Line 3 of this application.
- The dealership will comply with all applicable laws and administrative rules.
- I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this license.

BUSINESS LOCATION INFORMATION:

Property is (check one): OWNED LEASED / RENTED: LEASE OR RENTAL PERIOD: _____

If property is "Leased / Rented" complete the following:

PROPERTY OWNER'S FULL NAME		TELEPHONE NUMBER ()	
PROPERTY OWNER'S ADDRESS	CITY	STATE	ZIP CODE

DMV AGENT AGREEMENT

The dealer is granted the following options as a DMV agent and must comply with all applicable laws and administrative rules. The dealer is not obligated to perform any of these options except as required by law. * **Snowmobile dealers must act as DMV agents for Oregon residents.**

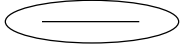
- * Accept applications and fees for titles and registrations of vehicles they sell, and only charge fee amounts set by Oregon Revised Statutes and Oregon Administrative Rules.
- Perform vehicle identification number inspections on vehicles they sell, except a dealer may not perform an inspection under those situations described in OAR 735-22.
- Issue temporary registration permits for unregistered vehicles they sell.
- Agent status can be placed on probation, suspension or revoked as allowed in Oregon Administrative Rule 735-150-0120 for non-compliance of any Oregon Revised Statute of the Oregon Vehicle Code.
- By signing this application on Page 3, the dealer becomes an agent of DMV and agrees to comply with all administrative rules and all dealer related statutes in the Oregon Vehicle Code.

Complete the section(s) below and sign.
 (Be sure to attach a separate sheet to show additional owners.)

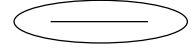
- List the primary owner, partners, LLC members or corporate officers below.
- If a member of a limited liability company (LLC) is a corporation, the president must provide information below.
- If a partner of a partnership is a corporation, the president must provide information below.
- By signing below, I/we certify that the answers provided on Page 2 are true and accurate information.
- If corporation or LLC, the Oregon registered agent name and addresses required below.

16	OREGON REGISTERED AGENT NAME			TELEPHONE NUMBER ()	
17	OREGON REGISTERED AGENT MAILING ADDRESS			CITY	STATE ZIP CODE
18	OREGON REGISTERED AGENT STREET ADDRESS			CITY	STATE ZIP CODE
OWNERSHIP INFORMATION					
19	PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	RESIDENCE TELEPHONE NUMBER ()
20	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE		
21	RESIDENCE ADDRESS			CITY	STATE ZIP CODE
22	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE ZIP CODE
23	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 19 ABOVE X				DATE
24	PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	RESIDENCE TELEPHONE NUMBER ()
25	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE		
26	RESIDENCE ADDRESS			CITY	STATE ZIP CODE
27	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE ZIP CODE
28	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 24 ABOVE X				DATE
29	PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	RESIDENCE TELEPHONE NUMBER ()
30	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE		
31	RESIDENCE ADDRESS			CITY	STATE ZIP CODE
32	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE ZIP CODE
33	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 29 ABOVE X				DATE
34	PRINT NAME OF OWNER, PARTNER, LLC MEMBER OR CORPORATE OFFICER			TITLE	RESIDENCE TELEPHONE NUMBER ()
35	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUANCE		
36	RESIDENCE ADDRESS			CITY	STATE ZIP CODE
37	MAILING ADDRESS (IF DIFFERENT)			CITY	STATE ZIP CODE
38	CERTIFYING SIGNATURE OF OWNER SHOWN ON LINE 34 ABOVE X				DATE

Please attach (staple) copies of ALL owners, partners, LLC members or corporate officers official photo ID's (driver license or state issued Identification card ONLY). If the residence address on the photo ID is different than the residence address listed on Page 3, submit a statement explaining why the addresses do not match.



Copy must be legible.



Submit **fees** and these items to DMV **together**:

- Application (Form 735-370)
- Bond (Form 735-370B)
- Certification of Liability Insurance (Form 735-370B) or Certification of Exemption (Form 735-7024)
- Billing List (renewals only)
- Supplemental Application (if more than one location) (Form 735-372)
- Certificate of education completion or Certificate of Exemption from Motor Vehicle Education Requirements (Form 735-370C).
- Copies of **ALL** owners, partners, LLC members or corporate officers official photo ID's (driver license or state issued Identification card **ONLY**).

To: DMV Business License Unit
1905 Lana Ave NE
Salem OR 97314

Phone: (503) 945-5052
In person office hours: 8 – 4:30 p.m. Monday – Friday
(except for holidays)



DEPARTMENT OF TRANSPORTATION
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SURETY BOND

▼ BOND NUMBER ▼

NOTE: TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.

LET IT BE KNOWN:

THAT _____
(INDIVIDUAL NAME OF OWNER, ALL PARTNERS OR MEMBERS, OR NAME OF CORPORATION)

DOING BUSINESS AS _____
(BUSINESS NAME AS GIVEN ON THE CERTIFICATE APPLICATION)

HAVING ITS PRINCIPAL PLACE OF BUSINESS AT _____
(STREET ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT _____
(STREET ADDRESS, CITY, STATE, ZIP CODE)

(STREET ADDRESS, CITY, STATE, ZIP CODE)

AS PRINCIPAL(S), AND _____
(SURETY NAME)

_____ () _____
(ADDRESS, CITY, STATE, ZIP CODE) (TELEPHONE NUMBER)

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF _____, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND TO THE STATE OF OREGON IN THE PENAL SUM OF \$40,000 FOR EACH YEAR THE CERTIFICATE IS VALID, FOR THE PAYMENT OF WHICH THE PRINCIPAL(S) AND SURETY JOINTLY AND SEVERALLY BIND THEMSELVES, THEIR RESPECTIVE SUCCESSORS, AND ASSIGNS. THE MAXIMUM AMOUNT PAYABLE UNDER THE BOND FOR PAYMENT OF CLAIMS BY PERSONS OTHER THAN RETAIL CUSTOMERS OF THE VEHICLE IS \$20,000.

WHEREAS, THE PRINCIPAL(S) IS APPLYING FOR A VEHICLE DEALER CERTIFICATE ISSUED BY THE OREGON DEPARTMENT OF TRANSPORTATION;

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE NAMED PRINCIPAL(S) IS ISSUED A VEHICLE DEALER CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS AS A DEALER OR REBUILDER OF VEHICLES, SAID PRINCIPAL(S) SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.030(2), THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELLED PURSUANT TO ORS 822.030(1)(a).

THIS BOND SHALL BECOME EFFECTIVE AS OF THE DATE THE PRINCIPAL(S) IS ISSUED A VEHICLE DEALER CERTIFICATE BY THE OREGON DEPARTMENT OF TRANSPORTATION UNTIL DEPLETED BY CLAIMS PAID, UNLESS THE SURETY SOONER CANCELS THE BOND. THIS BOND MAY BE CANCELED BY THE SURETY GIVING WRITTEN NOTICE OF SUCH CANCELLATION TO THE DRIVER AND MOTOR VEHICLE SERVICES DIVISION OF THE OREGON DEPARTMENT OF TRANSPORTATION. THIS BOND SHALL EXPIRE UPON EXPIRATION OF THE VEHICLE DEALER CERTIFICATE, BUT MAY BE RENEWED UPON THE RENEWAL OF THE CERTIFICATE.

THIS BOND SHALL BE ONE CONTINUING OBLIGATION AND THE LIABILITY OF THE SURETY SHALL BE LIMITED TO THE AMOUNT OF THE PENALTY OF THIS BOND REGARDLESS OF WHETHER THIS BOND IS RENEWED OR OTHERWISE CONTINUED IN EFFECT BEYOND ITS ORIGINAL TERM, IRRESPECTIVE OF THE NUMBER OF YEARS IT IS IN EFFECT.

THIS BOND IS EFFECTIVE _____ AND EXPIRES _____ (BOND MUST EXPIRE ON THE LAST DAY OF THE MONTH.)
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

-- ANY ALTERATION VOIDS THIS BOND --

IN WITNESS WHEREOF, THE SAID PRINCIPAL(S) AND SAID SURETY HAVE EACH EXECUTED THIS BOND BY ITS AUTHORIZED REPRESENTATIVE(S) AND HAVE AFFIXED THE SURETY CORPORATE SEAL HEREUNTO

THIS _____ DAY OF _____, _____
(DAY) (MONTH) (YEAR)

SIGNATURE (OWNER/PARTNER/MEMBER OR CORPORATE OFFICER) X	TITLE
SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE) X	TITLE

SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:	PLACE SURETY SEAL BELOW
IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:	
NAME TELEPHONE NUMBER ()	
ADDRESS	
CITY, STATE, ZIP CODE	

CERTIFICATE OF INSURANCE

TO BE COMPLETED BY INSURANCE COMPANY LICENSED TO DO BUSINESS IN OREGON

INSURANCE POLICY NUMBER (BINDER NOT ACCEPTABLE)	EFFECTIVE DATE	EXPIRATION DATE
INSURANCE COMPANY NAME AND ADDRESS (NOT AGENT)	INSURANCE COMPANY PHONE NUMBER ()	
AGENT NAME AND ADDRESS	CITY, STATE, ZIP CODE	
THIS POLICY IS ISSUED TO (REGISTERED BUSINESS NAME OF DEALER, PARTNERS, OR CORPORATION NAME)	BUSINESS NAME OF DEALERSHIP (DBA)	
DEALERSHIP ADDRESS	DEALER NUMBER	

I CERTIFY THAT THE FOLLOWING IS TRUE AND CORRECT. The above described policy has been issued and provides liability limits of coverage required under ORS 806.070; provides for payment of judgements of the type described in ORS 806.040; covers all motor vehicles manufactured, owned, operated, used or maintained by, or under the control of the named insured; covers all persons who, with the consent of the named insured, use or operate motor vehicles manufactured, owned or maintained by, or under the control of, the named insured; the insurer shall give written notice of any cancellation of the policy to DMV Business License Unit; the insurer shall continue to be liable under the policy until DMV receives the notice of cancellation or until the cancellation date specified in the notice, whichever is later.

It is a crime, under ORS 162.085 to certify the truth of a statement when you know it is not true. Such a crime is a Class B misdemeanor and is punishable by a jail sentence of up to six months, a fine of up to \$1,000 or both.

PRINT NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER	DATE
SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE X	INSURER'S ADDRESS STAMP OR SEAL (If no stamp attach a business card)	

DEALER LIABILITY INSURANCE

General Information

WHAT IS NEEDED: ORS 822.033 requires a dealer to carry vehicle liability insurance coverage for their dealership. A Certificate of Insurance must be filed with DMV each time a dealer applies for a new or renewal business certificate, or when the certificate on file is expired in order to provide continuous coverage.

AMOUNTS OF COVERAGE: ORS 806.070 requires the policy to provide coverage in the amounts of \$25,000 for each person, \$50,000 for each accident and \$10,000 for property damage. ORS 806.040 requires the policy to provide for the payment of judgements.

ADDITIONAL STIPULATIONS: ORS 822.033 requires that the coverage provide each of the following:

- The policy must cover ALL MOTOR VEHICLES manufactured, owned, operated, used or maintained by, or under the control of the named insured.
- The policy must cover ALL PERSONS who, with the consent of the named insured, use or operate motor vehicles manufactured, owned or maintained by, or under the control of, the named insured.
- The insurer must give written notice of ANY CANCELLATION of the policy to the Business License Unit.
- The insurer shall **CONTINUE TO BE LIABLE** under the policy until DMV receives the notice of cancellation or until the cancellation date specified in the notice, whichever is later. (**Note:** This means that even if the policy expires and is not renewed, the insurer continues to be liable until DMV receives a notice of cancellation.)

TERM OF COVERAGE: The dealer must maintain coverage throughout the license period covered by their business certificate. If the policy **lapses** for any reason, the dealer must file a new Certificate of Insurance providing continuous coverage with DMV.

EXEMPTION: ORS 822.033(3) states a dealer is exempt from the requirement to file a *Certificate of Insurance* if they deal exclusively in certain types of vehicles. To get the exemption, a dealer must file a *Certificate of Exemption*, Form 735-7024. To request a Form 735-7024, call DMV Business License Unit at (503) 945-5052. All Certificates of Exemption are subject to approval upon review by DMV.



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1905 LANA AVE NE, SALEM OREGON 97314

EDUCATION REQUIREMENTS CERTIFICATION OF EXEMPTION

DEALER NUMBER	EXPIRATION DATE
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INSTRUCTIONS:

- You may qualify for an exemption from dealer education. All certificates of exemption are reviewed by DMV for acceptability.
- This form must be submitted **with** an **Application for a Dealer Business Certificate**.
- This form must be completed by an owner, partner, LLC member or corporate officer of the dealership.
- Mark the box below to show the type of exemption sought.
- Read and sign the certification statement at the bottom of this form.
- Submit this exemption along with your application for a dealer certificate to:
DMV Business License Unit, 1905 Lana Avenue NE, Salem OR 97314. Telephone: (503) 945-5052.

BUSINESS NAME OF DEALERSHIP

MAIN BUSINESS LOCATION

CITY

ZIP CODE

The education requirements do not apply to an applicant for a vehicle dealer certificate under ORS 822.020 or 822.040 if the applicant is one of the dealers listed below and have a current or is renewing a dealer certificate. I understand that if I sell or otherwise act as a vehicle dealer regarding any type of vehicle other than those listed below, I must file the appropriate certificate of education with the business regulation section of DMV:

- A franchised dealer in Oregon for nationally advertised new vehicles.
- A franchised dealer in Oregon for nationally advertised new recreational vehicles.
- A vehicle rental company with a nationally advertised franchised under the ownership of a corporation that operates nationwide.
- A national auction company that holds a dealer and wrecker certifications and sells totaled vehicles.
- Applicant affiliated with a dealership that is exempt from education requirement.
List affiliated dealer name and dealer number: _____.

CERTIFICATION

False statement on exemption from motor vehicle education requirements is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$1,000, or both. In addition, a civil penalty under OAR 735-150-0110(17) of up to \$500 and DMV sanctions against you or your dealer certificate may be imposed.

With these penalties in mind, I CERTIFY I am an owner, partner, LLC member or corporate officer of this dealership and all information on this Certificate of Exemption is true and correct.

PRINT NAME OF CERTIFYING OWNER / PARTNER / CORPORATE OFFICER / LLC MEMBER

TITLE

SIGNATURE OF CERTIFYING OWNER / PARTNER / CORPORATE OFFICER / LLC MEMBER

DATE

X



DEPARTMENT OF TRANSPORTATION
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LIABILITY INSURANCE CERTIFICATION OF EXEMPTION

DEALER NUMBER	EXPIRATION DATE
---------------	-----------------

INSTRUCTIONS:

- You may qualify for an exemption from liability insurance if you deal exclusively in certain types of vehicles. All certificates of exemption are reviewed by DMV for acceptability.
- This form must be submitted **with an Application for a Dealer Business Certificate**.
- This form must be completed by an owner, partner, LLC member or corporate officer of the dealership.
- Mark the box to show the type of vehicle you sell exclusively. **Dealer plates will not be issued** to you if you sell antique vehicles.
- Read and sign the certification statement at the bottom of this form.
- Submit this exemption along with your application for a dealer certificate to:
Business License Unit, 1905 Lana Avenue NE, Salem OR 97314. Telephone: (503) 945-5052.

BUSINESS NAME OF DEALERSHIP

MAIN BUSINESS LOCATION	CITY	ZIP CODE
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This business deals **exclusively** in the vehicle types which I have marked below. I understand that if I sell or otherwise act as a vehicle dealer regarding any type of vehicle other than those listed below, I must file a Certificate of Insurance with the Business Regulation Section of DMV.

- Antique motor vehicles which have been issued permanent registration under ORS 805.010
- Class I or Class III all terrain vehicles (ATV's)
- Snowmobiles
- Trailers (utility, horse, boat or non-motorized)
- Campers and Travel Trailers

CERTIFICATION

False certificate of exemption from liability insurance is a Class B misdemeanor under ORS 162.085 and is punishable by six months in jail, a fine of up to \$1,000, or both. In addition, a civil penalty of up to \$1,000 and DMV sanctions against you or your dealer certificate may be imposed.

With these penalties in mind, I CERTIFY I am an owner, partner, LLC member or corporate officer of this dealership and all information on this Certificate of Exemption is true and correct.

PRINT NAME OF CERTIFYING OWNER/PARTNER/CORPORATE OFFICER	TITLE
SIGNATURE OF CERTIFYING OWNER/PARTNER/CORPORATE OFFICER X	DATE