



Motor Vehicle Division

38-5110 R02/15 azdot.gov

Dealer Licensing Mail Drop 552 M
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100
mvdlu@azdot.gov
602-712-7571

MANUFACTURER/DISTRIBUTOR APPLICATION

MVD License Number

Fees:

- Application \$15
Permanent License \$100
Factory/Distributor Branch License \$100

I hereby make application for a license to engage in the business of a:

Business Type
Manufacturer, Distributor, Factory Branch, Distributor Branch, Manufacturer (no license-plates only)

Product Type
Buses, Golf Cars / Carts, Motor Homes, Motorcycles, Passenger Cars, Trailers, Trucks

List the make of the products manufactured or distributed in Arizona.

Table with 4 columns for Product by Make

Business Information

Business Type, Business Name, Doing Business As (DBA), *State

Established Business Address

Street Address, Mailing Address, Office Days and Hours, Phone Number, Fax Number, County, Principal Owner E-mail Address

Business Contact - Attach a letter indicating the scope of authority the contact person will have regarding company operations.

Business Contact Name, Title, Phone Number, Fax Number, E-mail Address

Applicants: Use full name. Do not use initials. If no middle name, write "None".

Title: Sole Owner; Partner; Corporate Officer (President, Vice President, Secretary, etc.), Director and Agent; and all Stockholders owning 20% or more of the corporation.

Applicant Name (first, middle, last, suffix)		Title	
Residence Address		City	State Zip
Residence Phone Number ()	Stock Percentage (if applicable)		

Applicant Name (first, middle, last, suffix)		Title	
Residence Address		City	State Zip
Residence Phone Number ()	Stock Percentage (if applicable)		

Applicant Name (first, middle, last, suffix)		Title	
Residence Address		City	State Zip
Residence Phone Number ()	Stock Percentage (if applicable)		

Applicant Name (first, middle, last, suffix)		Title	
Residence Address		City	State Zip
Residence Phone Number ()	Stock Percentage (if applicable)		

If a manufacturer or distributor is not a resident of this state, it must designate an Arizona resident agent, or the assistant director of the Motor Vehicle Division, upon whom service of process may be made.

Resident Agent Name		Phone Number ()
Arizona Business Address		City Zip

Process may be served upon the assistant director of the Arizona Motor Vehicle Division.

Site Assessment

This Portion **Must Be Completed In Full**. Please indicate N/A if not applicable.

Established Place of Business to be Licensed

- Yes No N/A Building will be devoted principally to the business?
If No, provide reason: _____
- Yes No N/A The place of business is a: Building Trailer Suite
- Yes No N/A If a suite, does it have its own private entrance from the outside?
- Yes No N/A If a trailer, is it permanently affixed?

Must attach photo of building and address

Business Sign (if applicable)

- Yes No N/A Is a sign permanently affixed or erected?
Must attach photo of sign. Sign reads: _____

Record Keeping

- Yes No Will the records be maintained at the Established Business Address shown on the front?
If No, where will records be maintained? _____

Continuation Fee

Every manufacturer license or distributor license must be continuous from the date of issuance. A continuation fee must be paid on or before the continuation date of each year. If paid after the continuation date, the fee will be deemed delinquent and a penalty equal to the fee will be added and collected.

Certification

I certify that my assigned manufacturer license or distributor license will not be sold, leased, rented or loaned, nor used for any purpose other than in the conduct of business by this dealership at the licensed established place of business or place of business. The business to be carried on, if license herein applied for is granted, will be conducted in compliance with the laws of the State of Arizona.

I understand that Arizona law requires a licensee to notify the Motor Vehicle Division **within 30 days** when an officer, director, partner, agent or stockholder owning 20% of the corporation is added or changed.

If individual, must be signed by owner. If partnership, must be signed by all partners. If a corporation, must be signed by one corporate officer.

Owner, Partner, Officer Signature	Title	Date
Partner Signature	Date	
Partner Signature	Date	
Partner Signature	Date	

Acknowledged before me this date.	Notary or MVD Agent Signature		
Date	County	State	Commission Expires

Business Name

MVD Use Only

Receive Application

Received and Accepted By	Date
Received and Accepted By	Date
Received and Accepted By	Date

Money Order/Amount	Checks/Amount

Review and/or Process Application

1 st Reviewed By/Date	2 nd Reviewed By/Date	3 rd Reviewed By/Date	1 st Return	2 nd Return	3 rd Return
Date Fees Posted To ARMANI	Accepted By	Date			

Prepare Invoice and Site Inspection Packet

Processed By	Date		
Invoice Amount	Invoice Number	Supervisor Approval	Date Packet Sent To OSI

Receive Site Assessment Results (Initial)

Accepted By	Date
-------------	------

Receive Site Assessment Results (Follow-up)

Accepted By	Date
-------------	------

Process Payment and License/Plates

Processed By	Date			
Date Payment Received	Payment Amount	Check/Money Order #	Date Fees Posted To ARMANI	Date License/Plates Expires
Supervisor Approval	Date License/Plates Mailed To Dealer			

Confirm License/Plates Have Been Received

Confirmed By	Date	Business Contact Person
License/Plates Received <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, describe resolution)	Resolution Date	
Resolution		