STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

APPLICATION FOR DEALER LICENSE

4001 Ingra Street STE 101
Anchorage, AK 99503-3600
(907) 269-5551
doa.dmv.dealers@alaska.gov

APPLICATION TYPE		LICENSE TYPE		ORGANIZATIONAL STRUCTURE	
☐ New Dealer	☐ Reinstatement	☐ New Motor Vehicles	☐ New Motorcycles	☐ Sole Proprietorship	☐ Corporation
☐ Renewal	☐ Address Change	☐ Used Motor Vehicles	☐ Used Motorcycles	☐ Partnership	☐ Limited Liability Company

BUSINESS INFORMATION

BUSINESS NAME (Must match name on surety bond and business application)			
DEALER NUMBER	TAXPAYER ID NUMBER	SURETY BOND COMPANY NAME	SURETY BOND NUMBER

MAILING ADDRESS	CITY	STATE	ZIP
BUSINESS LOCATION #1	CITY	STATE	ZIP
BUSINESS LOCATION #2	CITY	STATE	ZIP
IF YOU HAVE ADDITIONAL BUSINESS LOCATIONS, PLEASE ATTACH AS A SEPARATE DOCUMENT.			
EMAIL ADDRESS	PHONE NUMBER		

OWNER(S)

OWNER/CORPORATE OFFICER NAME #1	TITLE		
OWNER RESIDENCE ADDRESS	CITY	STATE	ZIP
OWNER/CORPORATE OFFICER NAME #2	TITLE		
OWNER RESIDENCE ADDRESS	CITY	STATE	ZIP

VEHICLE INFORMATION

IF SELLING NEW OR CURRENT MODEL MOTOR VEHICLES, GIVE THE NAME OF THE MANUFACTURER OF THE MOTOR VEHICLE, THE DATE THE AGREEMENT WAS SIGNED, AND DURATION OF YOUR SALES AND SERVICE AGREEMENT WITH THE MANUFACTURER.		
MANUFACTURER #1	DATE AGREEMENT SIGNED	DURATION OF AGREEMENT
MANUFACTURER #2	DATE AGREEMENT SIGNED	DURATION OF AGREEMENT
LIST MAKES OF ALL MOTOR VEHICLES HANDLED*		☐ *IF YOU SELL VARIOUS MAKES AND MODELS, PLEASE CHECK HERE

I certify under penalty of law that the statements in this application are true and as the applicant, I intend to operate as a bona fide dealer in motor vehicles with an established business at the location(s) given. I swear to adhere to all laws and regulations relating to the title and registration of vehicles placed in the applicant's control and the issuance of dealer temporary permits. I am also certifying that no person holding a five percent or greater interest in the business has, during the five-year period immediately preceding the date of the application, been convicted of a felony if the felony involved fraud, embezzlement, or misappropriation of property. I have reviewed the workers' compensation insurance requirements of AS 23.30 and will maintain applicable workers' compensation insurance as required under AS 23.30.

X_____ DATE_____/_____/_____

FOR DIVISION USE ONLY

Processed By _____
Batch # _____
Batch Date _____
Amount Pd _____