



STATE OF ALASKA
 DIVISION OF MOTOR VEHICLES
APPLICATION FOR DEALER LICENSE
 3901 Old Seward Hwy STE 101
 Anchorage, AK 99503-3600
 (907) 269-5551
 doa.dmv.correspondence@alaska.gov

APPLICATION TYPE		LICENSE TYPE		ORGANIZATIONAL STRUCTURE	
<input type="checkbox"/> New Dealer	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> New Motor Vehicles	<input type="checkbox"/> New Motorcycles	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation
<input type="checkbox"/> Renewal	<input type="checkbox"/> Address Change	<input type="checkbox"/> Used Motor Vehicles	<input type="checkbox"/> Used Motorcycles	<input type="checkbox"/> Partnership	<input type="checkbox"/> 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
	<i>IF YOU HAVE ADDITIONAL BUSINESS LOCATIONS, PLEASE ATTACH AS A SEPARATE DOCUMENT.</i>					
	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	<i>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.</i>		
	MANUFACTURER #1	DATE AGREEMENT SIGNED	DURATION OF AGREEMENT
	MANUFACTURER #2	DATE AGREEMENT SIGNED	DURATION OF AGREEMENT
	LIST MAKES OF ALL MOTOR VEHICLES HANDLED*		<input type="checkbox"/> *IF YOU SELL VARIOUS MAKES AND MODELS, PLEASE CHECK HERE

<p>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.</p> <p>X _____ DATE _____/_____/_____</p>	FOR DIVISION USE ONLY Processed By _____ Batch # _____ Batch Date _____ Amount Pd _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------