Instructions for Automotive Dismanter & Recycler and Scrap Processors Licenses

Your dismantler or scrap processing business must be the only or principal business conducted from the fixed location where you are applying for your license. Only one license is permitted per location. The business must be conducted from a building that is adequate and appropriate for the license you are applying for. Your license cannot be granted if there is another business currently licensed at the location, even if that businesss has abandoned the location. To verify the status of a business previously at the location, you may phone (410) 787-2950.
All CS and LCS forms listed on this sheet should be included in this licensing package. Please call (410) 787-2950 if any of the forms are missing.
For more information on state and local licensing requirements, visit the Business License Information System website! www.blis.state.md.us. COMAR, Rules and Regulations are available at www.dsd.state.md.us. Maryland Law is available online at www.lawlib.state.md.us

Application (CS-48) – Complete application. Answer all questions and submit with all other required documents.

Zoning (CS-53) – Zoning approval form should be presented to the zoning board in county/city where your business is located.

Use and occupancy permit – Is needed by those applicants using a trailer as an office and as may be required by your local zoning board.

MD Criminal record check authorization (CS-11) – Is needed for each owner or officer and anyone listed on the application as having a financial interest in the business. The form must include a legible copy of the driver's license and an original signature.

Out of state criminal record check – If you live or have recently lived in another state, you must provide a criminal record from that state in addition to the Maryland record check.

Workers' Compensation – insurance policy number and company or an exemption certificate issued by the Workers' Compensation Commission.

Trader's license (copy) – Obtained from the Circuit Court in the jurisdiction where your business is located.

Business registration form AT5-031 – From the Department of Assessments and Taxation – This form verifies your registration to do business in the State of Maryland using the name(s) indicated on your application. Both corporate and trading names must be registered. Department of Assessments and Taxation is located at 301 W Preston Street, Baltimore MD 21201. Telephone numbers are 410-767-1330, 1331 or 1332.

Mail your completed application packet to

MVA, BL&CS, Rm 146
6601 Ritchie Highway
Glen Burnie, MD 21062

Incomplete applications or applications without required documents will not be accepted.

Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

CS-048 (06/98)

License Application for Automotive Dismantler & Recycle or Scrap License - 2 Year License

VALIDATION

☐ A.D.R. ORIGINAL $400.00 ☐ SCRAP PROCESSORS' ORIGINAL $400.00 ☐ CHANGE OF ADDRESS $10.00 ☐ CHANGE OF OFFICERS $10.00 ☐ CHANGE OF NAME $10.00

COMPLETE BOTH SIDES OF APPLICATION - PRINT IN INK OR TYPE

1

LICENSE NUMBER			BUSINESS (NAME OF APPLICANT)		
BUSINESS ADDRESS	STREET	CITY OR TOWN	COUNTY	STATE	ZIP CODE
NO. OF ACRES TO BE LICENSED	BUSINESS PHONE NO.	OFFICIAL ZONING OF PROPERTY	NO. OF PERSONS EMPLOYED		

LIST OWNER, ALL PARTNERS OR OFFICERS LEGALLY RESPONSIBLE FOR THE BUSINESS

2

NAME OF OWNER, PARTNER OR OFFICER	POSITION HELD	SOC. SEC. NO.		
STREET	CITY OR TOWN	COUNTY	STATE	ZIP CODE
DRIVER LICENSE NUMBER	HOME PHONE NUMBER	DATE OF BIRTH		
NAME OF OWNER, PARTNER OR OFFICER	POSITION HELD	SOC. SEC. NO.		
STREET	CITY OR TOWN	COUNTY	STATE	ZIP CODE
DRIVER LICENSE NUMBER	HOME PHONE NUMBER	DATE OF BIRTH		
NAME OF OWNER, PARTNER OR OFFICER	POSITION HELD	SOC. SEC. NO.		
STREET	CITY OR TOWN	COUNTY	STATE	ZIP CODE
DRIVER LICENSE NUMBER	HOME PHONE NUMBER	DATE OF BIRTH		
NAME OF OWNER, PARTNER OR OFFICER	POSITION HELD	SOC. SEC. NO.		
STREET	CITY OR TOWN	COUNTY	STATE	ZIP CODE
DRIVER LICENSE NUMBER	HOME PHONE NUMBER	DATE OF BIRTH		

3

IS PROPERTY: ☐ RENTED ☐ LEASED ☐ OWNED GIVE NAME AND ADDRESS:

IF MAIL CANNOT BE RECEIVED AT BUSINESS ADDRESS, EXPLAIN WHY. GIVE MAILING ADDRESS:

IS AUTO WRECKING OR SCRAP PROCESSING CONDUCTED AT ANY OTHER LOCATION? ☐ YES ☐ NO IF YES, GIVE ADDRESS:

ARE YOU CURRENTLY EMPLOYED BY THE STATE OF MARYLAND? ☐ YES ☐ NO IF YES, WHAT AGENCY?

TRADER'S LICENSE NUMBER: VALIDATION DATE: EXPIRATION DATE:

FEDERAL TAX IDENTIFICATION NUMBER:

NAME AND ADDRESS OF THE INDIVIDUAL WHO MAINTAINS BOOKS AND RECORDS AS PRESCRIBED BY THE M.V.A.:

ARE YOU A LICENSED MOTOR VEHICLE DEALER IN THE STATE OF MARYLAND? ☐ YES ☐ NO

4

I/We certify under penalty of perjury, that the information stated herein is true and correct to the best of my/our knowledge and belief.

Witness my/our Hand(s) and Seal(s)

This _____ day of _____ 20 _____

1 _____

2 _____

3 _____

4 _____

MUST BE SIGNED BY OWNER, ALL PARTNERS OR ALL OFFICERS OF THE CORPORATION AS LISTED ABOVE

☐ CASH ☐ CHECK

LICENSE NO.:

MOTOR VEHICLE ADMINISTRATION USE ONLY

APPROVED _____ DATE

CONCURRENCE _____ DATE

For more information, please call: 1-800-638-8347 (touch tone calls only), 1-800-950-1MVA (1682) (to speak with a customer service representative), From Out-of-State: 1-301-729-4550, TTY for the hearing impaired: 1-800-492-4575. Visit our website at: www.marylandmva.com

CERTIFICATION OF WORKMEN'S COMPENSATION

5 Maryland State Workmen's Compensation Law requires employers with one or more employees and corporations to file a Certificate of Compliance.

I/we certify coverage has been obtained as follows:

NAME OF INSURANCE COMPANY: _____

POLICY OR BINDER NUMBER: _____ EFFECTIVE: _____

VEHICLE LIABILITY INSURANCE CERTIFICATION

6

NAME OF INSURANCE COMPANY: _____

POLICY OR BINDER NUMBER: _____

POWER OF ATTORNEY

7 THE INDIVIDUALS LISTED BELOW ARE AUTHORIZED TO SIGN ON BEHALF OF THE BUSINESS.

NAME	CAPACITY	SIGNATURE

Be sure all applicable blanks are completed as an incomplete application may result in the delay of your license being issued.

Submit this application to the Motor Vehicle Administration, Automotive Dismantler & Recycler Section, 6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062.

THE ADMINISTRATION MUST BE IMMEDIATELY NOTIFIED IN WRITING IF THERE IS ANY FACTUAL CHANGE IN THE INFORMATION FURNISHED ABOVE.

Apply to... Register to Vote Now!

Apply to register to vote with your driver's license transaction. For details ask your customer service representa-

Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

CS-053 (06-08)

Zoning Approval Form

To be completed by applicant and presented for approval to the local zoning authorities

Submit with Application

Company name (including trade names)

Business Address - Location to be Licensed

City | County | State | Zip Code

Name and type of storage location

Street Address | City or County | State | Zip Code

Name and type of any additional storage locations

Street Address | City of County | State | Zip Code

Type of Business (check appropriate blocks)

Licenses

- ❑ Wholesale
- ❑ New Vehicle
- ❑ Used Vehicle
- ❑ Trailer
- ❑ Motorcycle
- ❑ ADR # of Acres _____
- ❑ Scrap Processr # of Acres _____
- ❑ Title Service
- ❑ Emergency Vehicle
- ❑ Manufacturer
- ❑ Distributor

Transporters

- ❑ Inspection Station
- ❑ Vehicle Painting/Remodeling/Repair
- ❑ Auctioneer
- ❑ New Vehicles for Manufacturer
- ❑ Other_____

This section to be completed by zoning official to verify applicant has met all local zoning requirements to conduct the type of business specified above.

I certify, that the business of _____

does _____does not_____meet all zoning requirements, including the issuance of a use and occupancy permit, if required.

Signed | Printed Name

Official Capacity

Telephone # | Email Address

Date

For more information, please call: **1-800-638-8347** (touch tone calls only), **1-800-950-1MVA (1682)** (to speak with a customer service representative), From Out-of-State: **1-301-729-4550**, TTY for the hearing impaired: **1-800-492-4575**. Visit our website at: **www.marylandmva.com**

Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

Instruction Sheet

Please **REVIEW INSTRUCTIONS BEFORE** completing the Certificate of Compliance Application.

The Workers' Compensation Commission will accept only the original application, (Do not fax, photocopy or electronically reproduce). Type or print **LEGIBLY** (or application may be returned without review). Complete application in its entirety.

Line #1 Name of Company (If the company does not have a name, leave blank)

Line #2 Owner's Name (If corporation, list the name of a contact person)

Line #3 Complete Business Address (P.O. Box Not Acceptable)

Line #4 Complete Mailing Address

Line #5 Phone Number (Pager Number Not Acceptable) FEIN or Social Security Number required (If partnership, please initial & list the last four digits of SS# for each partner.) If using a FEIN #, SS #'s are not necessary.

Line #6 Check appropriate box (see back of application). Additionally, where indicated, please complete and attach **Exclusion Form C-16R**.

Line #7 Sign and Date (If partnership, **all** partners must sign.)

NOTE: Maryland Law § 9-201 requires an employer with one or more employees to carry workers' compensation insurance. Any employer with workers' compensation insurance is to submit proof (policy or binder number) of coverage to the Agency where they are applying for their license. DO NOT COMPLETE THE CERTIFICATE OF COMPLIANCE APPLICATION IF YOU HAVE INSURANCE COVERAGE.
If you have any questions regarding the Certificate of Compliance, please call (410) 864-5297 or 1 (800) 492-0479 Tuesday and Thursday, 9:00 a.m. to noon. ONLY. If you do not follow the aforementioned instructions, it may cause a delay in the processing of your application. Thank you for your cooperation.

Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

CS-011 (10-06)

MVA Criminal Record Request Form

Please place your photo driver's license below and photocopy.

By my signature, I authorize the Motor Vehicle Administration to perform a criminal background check.

Signature

Date

Name of Business

Type of License: ❑ Dealer ❑ Salesman ❑ Professional Driver Instructor ❑ Title Service Agent ❑ Other

Instructions for Criminal Background Request
This form is to be used for the processing of your Maryland criminal background check. At the present time no fee will be charged for this service.

Maryland Residents:
This form must accompany all applications from licensees or anyone with a financial interest in a business.

- Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Photo ID card on the front of this form.
- If you have a change of address that does not appear on your license or your ID, please note it on the form.
- Sign the photocopy.
- The photocopy which contains your original signature must be submitted with your application to the Motor Vehicle Administration.

Out of State Residence:

- Applicants will be required to request Criminal Justice Information System background checks from the appropriate Law Enforcement Agency in their state of residence.
- The background checks should not be sent directly from the appropriate Law Enforcement Agency to the Motor Vehicle Administration.
- For identification purposes you must submit a clear legible copy of your out-of-state driver's license or a Photo ID on this form.

MVA Use Only:

Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

INF-004 (10-06)

Important Message

PLEASE READ THIS IMPORTANT MESSAGE

Effective July 1, 2003, the Motor Vehicle Administration must receive verification from the Comptroller of Maryland that an applicant for renewal of a Vehicle Dealer, AD&R, Scrap Processor, Title Service, Manufacturer, Distributor, Factory Branch or Vehicle Salesman license has paid, or satisfactorily arranged for payment of state taxes before the license can be renewed.

Approximately 90 days prior to your license becoming due for renewal, MVA will submit your name to the Comptroller's Office. The Comptroller's Office will notify the MVA of those applicants having a problem. MVA will send a letter informing you if there is a problem. Your license will not be renewed without a clearance from the Comptroller's Office. Prompt attention to any issues you may have will reduce the potential of your renewal being delayed. Please share this information with your salespersons.

These actions are implemented under the Budget Reconciliation Act of 2003—Chapter 203, Laws of 2003.

If you have questions or need assistance, please call the appropriate phone number listed below to speak with a representative of the Comptroller of Maryland (MVA cannot assist with the tax matters).

Personal Income Tax	**410-974-2432**
Business Tax	**410-767-1908**
Unemployment Insurance Contributions	**410-767-2699**
Multiple Tax Liabilities	**410-767-1908**

This notice is sent as an early "warning" for those who may need to get their affairs in order with the Comptroller of Maryland.