



# ***Business Licensing***



# ***Packet***

# Vehicle Dealer License Application Instructions

Thank you for your interest in obtaining a Maryland Vehicle Dealers License. It is our intent to help you obtain your license as quickly as possible. If assistance is needed, please e-mail the Motor Vehicle Administration Business Licensing Division at [mvablcscsd@mva.maryland.gov](mailto:mvablcscsd@mva.maryland.gov). To obtain a Maryland dealer packet, you may visit the Business License Information website at [www.mva.maryland.gov](http://www.mva.maryland.gov). For more information on state and local licensing requirements, visit [www.dsd.state.md.us](http://www.dsd.state.md.us) for Code of Maryland Regulations (COMAR) and Maryland Vehicle Law is available online at [www.lawlib.state.md.us](http://www.lawlib.state.md.us). Note: Failure to complete the application and submit the required documents will result in your application being rejected.

## ***Getting Started:***

You will need to obtain the following:

- **Application for Vehicle Dealers License (CS-042).** Make sure the application is completed in its entirety.
- **Zoning Approval Form (CS-053).** This form must be presented to the Zoning Board in the County/City where your business is located. A representative of the Zoning Board must complete the lower portion of the form.
- **Department of Assessment and Taxation** form/letter that verifies you are registered to do business in the State of Maryland using the name(s) indicated on your application. Both your corporate and trade names must be registered. The Department of Assessment and Taxation is located at 301 W. Preston Street, Baltimore, Maryland 21201. You may contact them by telephone at 410-767-1330, 1331, or 1332 or visit their website at <http://www.dat.state.md.us/sdatweb/sdatforms.html>
- **Completed Dealer Site Inspection.** Prior to becoming licensed, an investigator will go to your place of business and inspect your location to ensure compliance with the Maryland Code of Regulations (COMAR). To schedule your site inspection, please contact MVA Investigation Division at 410-768-7216. Upon approval of your site inspection, the investigator will initial your application and will check that you either passed or failed the inspection.
- **Repair Facility Contract (CS-125).** – If you do not have repair facilities at the location where you will be licensed, you must provide a contract with a repair facility within 5 miles of your dealership. The contract must include Maryland State Police (MSP) inspection if applicable.
- **Dealer Orientation Request** – Before a license can be issued, you must attend a dealer orientation. Please complete the request and submit to the Business Licensing and Consumer Services Division. The orientation is held monthly from 9:00 a.m. – 12:00 noon. All applicants will be scheduled for the next available class.
  - Note: Don't delay in submitting this request! You may not be issued a license until you attend the orientation.

## ***Next Step:***

Once the above documents are completed, submit your application and appropriate fees along with the following:

- **ERT Contract** – All new licensees are required to contract with an Electronic Registration and Titling (ERT) provider. A copy of your ERT contract is required to be submitted along with your completed application. For vendor contact information please visit <http://www.mva.maryland.gov/Business-Services/ert.html>
- **Criminal Background Check** – All applicants/licensees must submit a Criminal Background Check. If you live or have lived in another state within the last year, you must provide a criminal record from that state in addition to the Maryland record check.
- **Surety Bond of Vehicle or Trailer Dealer (CS-067A).** The bond required is based on the number of vehicles you sold/projected to be sold. The bond must be in the full name of the dealership including any trade name. It must reflect the full name of all officers, partners, or owners exactly as shown on the application.
- **Workers' Compensation** – If you have Workers' Compensation Insurance, complete information requested on the Application for Vehicle Dealers License in the appropriate section. If you are claiming exemption from providing Worker's Compensation Insurance for your employees, please contact the Workers' Compensation Office at 410-864-5100 or visit their website at [www.wcc.state.md.us](http://www.wcc.state.md.us) to obtain information and the appropriate forms for businesses who do not provide this type of coverage.
- **Trader's License (copy)** – A copy of the trader's license obtained from the Circuit Court in the jurisdiction where your business is located is required.
- **Use and Occupancy Permit** – Is required by applicants using a trailer as an office.
- **Franchise Approval from Manufacturer** – New Vehicle Dealers must provide verification of franchise agreements from each manufacturer. A manufacturer must also be licensed with the MVA in order to have its products sold by a dealer in the State of Maryland.
- **New Vehicle Certification Form (CS-22).** – This form defines certain relationships with manufacturers that cannot be licensed as dealers in Maryland.

Mail your completed application packet to:

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



**Application for Vehicle Dealer's License**

<b>Type of Dealership</b>	<b>Type of Application</b>	<b>Type of Ownership</b>	_____
<input type="checkbox"/> Used Car	<input type="checkbox"/> Renewal Application	<input type="checkbox"/> Corporation	Dealer's Lic. #
<input type="checkbox"/> New Car	<input type="checkbox"/> Original Application	<input type="checkbox"/> Partnership	_____
<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Additional Location	<input type="checkbox"/> Close Corporation	Expiration Date
<input type="checkbox"/> Trailer over 15 feet	<input type="checkbox"/> Change of Address	<input type="checkbox"/> LLC	_____
<input type="checkbox"/> Boat Trailer/Trailer < 15 ft	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Individual Owner	License Control Number
<input type="checkbox"/> Emergency Vehicle			
<input type="checkbox"/> Wholesale			

Company Name (include trade name) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Hours \_\_\_\_\_

Employer ID Number (FEIN) \_\_\_\_\_ Current Trader's License Number \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Contact (The information will be used for all MVA Business Licensing related matters)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**List all owners, partners or officers of the corporation below. Indicate which receives the Gratis Salesman License.  
Note: One Gratis Salesman's License is issued per dealer license fee paid.**

Name of Owner, Partner or Officer \_\_\_\_\_ Social Security Number \_\_\_\_\_ Position \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Street Address (Home) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Name of Owner, Partner or Officer \_\_\_\_\_ Social Security Number \_\_\_\_\_ Position \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Street Address (Home) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Name of Owner, Partner or Officer \_\_\_\_\_ Social Security Number \_\_\_\_\_ Position \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Street Address (Home) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**Other than those listed above, list all that have direct or indirect financial interest in this dealership. Please attach additional statements if more space is required.**

First, Middle, and Last Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address (Home) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

First, Middle, and Last Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address (Home) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**List all places for storage**

**List makes of vehicles for which your dealership holds a franchise.**

**YES NO**

- 1. Do you operate a repair facility at this location? If no, please attach a completed Service Shop Contract (Form CS-125).
- 2. Have you ever been licensed as a vehicle dealer, salesman, a title service agent in Maryland or any other state?  
 If yes, Person Licensed \_\_\_\_\_  
 Name of Business \_\_\_\_\_ Type of license \_\_\_\_\_  
 License number \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_  
 Submit additional information on separate sheet.
- 3. Are any administrative actions, including suspension, revocation, refusal or fines pending against any license you have ever held?  
 NOTE: This does not include your personal driver's license.  
 If yes, Business \_\_\_\_\_ Licensee \_\_\_\_\_  
 Type of license \_\_\_\_\_ License number \_\_\_\_\_  
 State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of action \_\_\_\_\_  
 Submit additional information on a separate sheet.
- 4. Has any business license you have held in Maryland or any other state been suspended, revoked, or refused?  
 NOTE: This does not include your personal driver's license.  
 If yes, Business \_\_\_\_\_ Licensee \_\_\_\_\_  
 Type of license \_\_\_\_\_ License number \_\_\_\_\_  
 State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of action \_\_\_\_\_  
 Submit additional information on separate sheet.
- 5. Have any of the owners, management personnel, or any other person who shall have a financial interest, either direct or indirect in the business, ever been convicted of a crime other than a traffic violation? If yes, give details in a separate statement as to date(s).
- 6. Do any of the persons listed on this application have a financial interest, either direct or indirect, with any other new car, used car, motorcycle, trailer, or wholesale dealer in this state? If yes, please give details in a separate statement.
- 7. Are you currently employed with a Maryland State Government Agency? If yes, what Agency? \_\_\_\_\_
- 8. Was a dealership at this location previously? If yes, please provide information. \_\_\_\_\_

**Insurance Information**

- 9. **Surety Bond Insurance Company** \_\_\_\_\_ **Policy/Binder #** \_\_\_\_\_ **Agent** \_\_\_\_\_
- 10. **Do you provide Worker's Compensation?** If no, attach copy of your exemption certificate.  
**Insurance Company** \_\_\_\_\_ **Policy/Binder #** \_\_\_\_\_ **Agent** \_\_\_\_\_
- 11. Do you provide mechanical repair contracts or extended warranties? If yes, as required by law, I have secured a reimbursement insurance policy as follows.  
**Insurance Company** \_\_\_\_\_ **Policy/Binder #** \_\_\_\_\_ **Agent** \_\_\_\_\_
- 12. Number of tags requesting \_\_\_\_\_ Number of Salesman Employed \_\_\_\_\_  
**Insurance Company** \_\_\_\_\_ **Policy/Binder #** \_\_\_\_\_ **Agent** \_\_\_\_\_
- 13. Please list number of vehicles sold during the previous year. Retail \_\_\_\_\_ Wholesale \_\_\_\_\_  
 If an original application, projected number of vehicles to be sold in the next 12 months. \_\_\_\_\_
- 14. For renewals, please list number of dealer tags assigned to dealership. \_\_\_\_\_

**Certification**

All willful misinformation provided with fraudulent intent may be prosecuted under Maryland Law. I solemnly affirm under penalties of perjury and upon personal knowledge the contents of the foregoing document is true and correct. This dealership meets the location requirements and I/we understand the titling and registration, insurance, inspection, and dealer licensing provisions set forth in Maryland Vehicle Law and pertinent Motor Vehicle Administration regulations.

**Name of Dealership** \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_  
Date Applicant Signature Capacity Printed Name

\_\_\_\_\_ by \_\_\_\_\_  
Date Applicant Signature Capacity Printed Name

\_\_\_\_\_ by \_\_\_\_\_  
Date Applicant Signature Capacity Printed Name

**(All owners and corporate officers are required to sign.)**

**For MVA Use Only**

Date \_\_\_\_\_  CV  CK  C

Site Inspection \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Investigator Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Application \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected (see Attached) \_\_\_\_\_ Representative Printed Name \_\_\_\_\_ Date \_\_\_\_\_



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

**BOND REQUIREMENTS AND LICENSE FEES**

License Type	Number of Vehicles Sold	Amount
New Vehicle	1-500	\$50,000
	501-1,000	\$75,000
	1,001-2,500	\$100,000
	Over 2,500	\$300,000
Used Vehicle	1-250	\$15,000
	251-500	\$25,000
	501-1,000	\$35,000
	1,001-2,500	\$50,000
	Over 2,500	\$150,000
Wholesale	1-250	\$15,000
	251-500	\$25,000
	501-1,000	\$35,000
	1,001-2,500	\$50,000
	Over 2,500	\$150,000

License Type	Number of Vehicles Sold	Amount
Trailer	Boat	\$5,000
Trailer	Under 15 feet	\$5,000
	Over 15 feet:	\$15,000
New Motorcycle	1-500	\$50,000
	501-1,000	\$75,000
	1,001-2,500	\$100,000
	Over 2,500	\$300,000
Used Motorcycle	1-250	\$15,000
	251-500	\$25,000
	501-1,000	\$35,000
	1,001-2,500	\$50,000
	Over 2,500	\$150,000

License Type	Number of Vehicles Sold	Amount
New Emergency	1-500	\$50,000
	501-1,000	\$75,000
	1,001-2,500	\$100,000
	Over 2,500	\$300,000
Used Emergency	1-250	\$15,000
	251-500	\$25,000
	501-1,000	\$35,000
	1,001-2,500	\$50,000
	Over 2,500	\$150,000
Title Service	N/A	\$25,000
Manufacturer, Second Stage Manufacturer, Distributor, or Factory Branch License	1-50	\$25,000
	51-500	\$50,000
	501-10,000	\$100,000
	Over 10,000	\$300,000

**LICENSE ISSUANCE AND INTERCHANGEABLE TAG REGISTRATION FEES**

Type of Business	Two (2) Year Licensing Fee (New and Renewal)	Two (2) Year Interchangeable Tags (New and Renewal)
New Vehicle Dealer	\$450.00	\$100.00
Used Vehicle Dealer	\$450.00	\$100.00
Wholesale Vehicle Dealer	\$450.00	\$100.00
Motorcycle Dealer	\$270.00	\$50.00
Emergency Vehicle Dealer	\$450.00	\$100.00
Trailer Dealer - Boat Trailers - Trailers less than 15 feet in length - Trailers 15 feet or longer	\$90.00	\$65.00
	\$90.00	\$65.00
	\$270.00	\$65.00
Title Service Agent	\$112.50	N/A
Automotive Dismantler and Recycler	\$360.00	\$125.00
Scrap Processor	\$360.00	\$125.00

Type of Business	Two (2) Year Licensing Fee (New and Renewal)	Two (2) Year Interchangeable Tags (New and Renewal)
Special Mobile Equipment (SME) Owner	N/A	\$125.00
Transporter	N/A	\$125.00
Factory Branch (of Manufacturer)	\$1,800.00	\$100.00
Finance Company	N/A	\$125.00
Manufacturer, Second Stage Manufacturer, Or Distributor 1 to 50 vehicles transferred per year 51-500 vehicles transferred per year 501 to 10,000 vehicles transferred / year Over 10,000 vehicles transferred per year	\$180.00	\$100.00
	\$540.00	\$100.00
	\$900.00	\$100.00
	\$1,800.00	\$100.00

**SALESMAN'S LICENSE FEES**

Transaction	Fee	Comments
New Salesman's License	\$67.50	
Renewal Salesman's License	\$67.50	
Transfer Salesman's License	\$67.50	
Corrected Salesman's License	\$20.00	Corrected license is gratis if the error was caused by the MVA
Duplicate Salesman's License	\$20.00	



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

**BUSINESS LICENSING ORIENTATION REQUEST**

**Note:** Applicants for a dealer or title service license must attend a Business Licensing Orientation Class.  
 The class is scheduled monthly at 9:00 a.m. at the Glen Burnie MVA.

Complete this form and return by fax to: **410-768-7602**.  
 Or email completed form to: [mvablcsd@mva.maryland.gov](mailto:mvablcsd@mva.maryland.gov)

Or mail your request to: **Motor Vehicle Administration**  
**6601 Ritchie Highway, N. E.**  
**Room 146**  
**Glen Burnie, MD 21062**

The orientation will give information that is essential in the daily operation of your dealership and will allow time for any questions you may have. Representatives from Business Licensing and Consumer Services and Investigative Services will give presentations.

Questions are welcomed and encouraged.

**Please provide the following information:**

Participant Name: \_\_\_\_\_

Participant Address: \_\_\_\_\_

Participant Phone Number: \_\_\_\_\_

Participant Email Address: \_\_\_\_\_

Type of License: \_\_\_\_\_

Name of Attendees/Job Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of attendees/job title:

\_\_\_\_\_

The Administration strongly encourages participation by owners, title clerks and any staff who may be involved in the day to day operation of your business.

A business license may not be issued until you attend the orientation.

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will be scheduled for the next available class. A confirmation notice will be sent to you at the e-mail address indicated above. If you have any questions please e-mail the Motor Vehicle Administration Business Licensing Division at [mvablcsd@mdot.state.md.us](mailto:mvablcsd@mdot.state.md.us). Please call if you are unable to attend. Anyone 15 minutes late or more for orientation will be required to reschedule.

## Site Inspection Check List

To All Persons Applying For A Site Inspection:

Please do not call for your appointment until you have met the Office and Location Requirements as outlined in your packet under COMAR 11.12.01.02 – 11.12.01.04. **The licensee MUST be present for the inspection – no exceptions.**

### Office Requirements:

- 1. Desk
- 2. Chair
- 3. Locking File Cabinet
- 4. Telephone \* (preferably a landline)
- 5. Sign (required for Retail, Tag & Title, may NOT use MVA logo or state seal)\*
- 6. Lighting
- 7. Heat
- 8. Electricity (**NO** generator, must be hard-wired)

\*A stipulation form may be used, providing you with a specific period of time to comply with these requirements, based on the other approval by the Business Licensing Division of your application packet. If your office is in a commercial building, make sure it is clearly marked with the office / suite number.

A home wholesale office must be located in your personal domicile (where you live - the address on your drivers' license) and must be accessible without going through, past, or near any sleeping quarters or other general living areas. See COMAR 11.12.01.02 and addendum.

### Retail Sales Requirements: (See COMAR sections included in packet)

- 1. Location must be fully visible from an approved street or highway that is accessible to the public.
- 2. Location shall be of size to adequately and safely permit the display of a minimum of ten (10) vehicles AND space for customer parking.
- 3. Location must be fully lighted
- 4. Display and parking area shall be adequately surfaced (i.e. paved, crushed stone, etc. NOT dirt or grass)
- 5. The retail sale of vehicles must be the only or principal business conducted from the location (see Maryland Vehicle Law 15.304(A)(i) ).
- 6. Exterior signs must be in place (See COMAR 11.12.01.02 N.) See stipulation as explained under office requirements.
- 7. Repair Facility or Contract (CS-125) – If you do not have repair facilities at the location, you must provide a contract with a repair facility within 5 miles of your dealership. The contract must include Maryland State Police (MSP) inspection if applicable.



**Surety Bond of Vehicle or Trailer Dealer**

Bond Number \_\_\_\_\_ Dealer's Licence Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Know all persons by these presents:

Company/Corporate Name \_\_\_\_\_

Trade Name, if any \_\_\_\_\_

Officer(s) Name(s) \_\_\_\_\_  
(Name of all owner's, partners, and officers)

as Principal, and \_\_\_\_\_  
(Name and address of bonding company)

a corporation organized and existing under the laws of the State of \_\_\_\_\_ and authorized to do business in the State of Maryland, as Surety, are held and firmly bound unto the Administrator of Motor Vehicles, State of Maryland in the penal sum of \_\_\_\_\_ lawful money of the United States of America, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

**Signed, Sealed, and Dated this \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_**

The condition of this obligation is such that, whereas, the above bounden Principal has or is about to make application to the Administrator of Motor Vehicles for the State of Maryland to engage in the business of: (i) buying and selling motor vehicles or trailers and, (ii) if so licensed, a title service agent; in accordance with the Transportation Article of the Annotated Code of Maryland and Regulations promulgated by the Administrator of Motor Vehicles, is required to furnish a Surety Bond.

Now, therefore, if the above bounden Principal shall conduct the business in full compliance with those Sections of the Transportation Article, of the Annotated Code of Maryland, as set forth in the Regulations of the Administrator of Motor Vehicles for the State of Maryland, then this obligation shall be null and void; otherwise to remain in full force and effect. This bond shall be for the use and benefit of the Administrator of Motor Vehicles of the State of Maryland and for any person who may suffer loss by reason of any violation of the above mentioned laws.

This bond shall run concurrently with the period of the license granted to the Principal, and shall remain in full force and effect for any renewal thereof, provided, however, that the penalty of the bond may not be cumulative from year to year, and the total liability of the Surety herein, may not exceed the sum of \_\_\_\_\_ regardless of the number of license periods for which the bond is in force.

The Surety may cancel this bond at any time by giving **forty five (45) days** written notice by registered or certified mail to the Administrator of Motor Vehicles, State of Maryland, however, remaining liable for any defaults under this bond, committed prior to the expiration of such forty five (45) day period.

**Seal  
of  
Surety**

\_\_\_\_\_  
Signature of President/Owner/Partner

\_\_\_\_\_  
Signature of Vice President/Partner

\_\_\_\_\_  
Signature of Treasurer/Secretary/Partner

\_\_\_\_\_  
Signature of Principal (one of the above officers)

By \_\_\_\_\_

\_\_\_\_\_  
Surety

By \_\_\_\_\_





**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

**ADDENDUM TO WHOLESALE VEHICLE DEALER'S  
LICENSE APPLICATION**

**THE FOLLOWING ARE REQUIRED UNDER MARYLAND VEHICLE LAW:**

1. The person(s) licensed may conduct the licensed activity from:
  - The fixed location specified in the application for the license;
  - A vehicle auction;
  - Other dealer's licensed locations.
2. Proof of ownership or lease for the property where your office will be located. A lease must be for at least one full year for the property. If subleased, primary lease must be submitted to verify right to sublease. A home office must be located in your domicile and must be accessible without going through, past or near any sleeping quarters or other general living areas.
3. **A WHOLESALE VEHICLE DEALER MAY NOT SELL OR EXCHANGE VEHICLES WITH A RETAIL CUSTOMER AT ANY LOCATION.**
4. The books of account and records of the licensee shall be kept at the licensed location.
5. A licensee may not remove or relocate the licensed location unless the licensee has applied for and been approved for a corrected license indicating the new location's address.
6. Each licensee shall maintain and keep records required by statute.
7. The records shall be kept for three (3) years after the transaction, or longer if required by statute. Note: Federal statutes require odometer documents be kept for 5 years.
8. During business hours, the records of the licensee shall be open to inspection by the Administration or any law enforcement officer while discharging his official duties.
9. Books and records must be available for inspection during the days and hours of operation as approved by the administration. Indicate below the hours you or a responsible person affiliated with your business will be in the office to provide access to your records. You must maintain the office for inspections at least 20 hours per normal workweek – Monday to Friday 8 AM to 5 PM. Don't include the days & times that you will be out at auctions, other dealerships, etc.

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>From</b> _____	<b>From</b> _____	<b>From</b> _____	<b>From</b> _____	<b>From</b> _____
<b>To</b> _____	<b>To</b> _____	<b>To</b> _____	<b>To</b> _____	<b>To</b> _____

10. Required records - A Wholesale dealer shall keep a record of the following:
- a. The year, make, model, and identification number of a vehicle that is bought, sold, or exchanged;
  - b. The date that a vehicle is bought, sold, or exchanged;
  - c. The amount for which a vehicle is bought or sold;
  - d. The name, address, and license number of the other dealer with whom the wholesale dealer conducts a purchase, sale, or exchange.
  - e. The odometer mileage statement for a vehicle that is required under the Federal Motor Vehicle Information and Cost Act; and
  - f. Each invoice, bill of sale, and other pertinent documents and records in the form required by the Administration.
11. With reference to item f, other pertinent documents would include auction slips, evidence of receipt of payment for purchases, or evidence of payment at the time of sale.
12. Restriction on sales and exchanges by Wholesale dealers:
- a. May not sell a vehicle to, or exchange a vehicle with a retail buyer; and
  - b. May not buy, sell, or exchange new vehicles.
13. I understand that violations of laws pertaining to retail sales may result in administrative actions being taken against my wholesale license. These actions may include revocation. And may affect any other licenses applied for in the future.

**I/WE CERTIFY** that I have read the information contained herein and fully understand those requirements of the law. I/we agree to fully comply with those statutory requirements, and certify under penalty of perjury that I/we will not sell to, or exchange vehicles with a retail buyer.

---

Name of Dealership with Trade Name, if any

---

Signature

Capacity

Date

---

Signature

Capacity

Date

---

Signature

Capacity

Date



**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:**