



38-5110 R09/18 azdot.gov

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

MANUFACTURER/DISTRIBUTOR APPLICATION

MVD License Number

Submit applicable fees (check payable to MVD)

- Application \$15.00
- Permanent License \$100.00
- Factory/Distributor Branch License \$100.00
- Name or location change \$10.00 each

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

Business Type			
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> MF/DS Branch	<input type="checkbox"/> Distributor	<input type="checkbox"/> Business Name or Location Change

Product Type		
<input type="checkbox"/> Buses	<input type="checkbox"/> Motorcycles	<input type="checkbox"/> Trailers
<input type="checkbox"/> Golf Cars / Carts	<input type="checkbox"/> Passenger Cars	<input type="checkbox"/> Trucks
<input type="checkbox"/> Recreational Vehicles		

List the **MAKE** of the products manufactured or distributed in Arizona.

Product(s) by MAKE			

Business Information * out of state articles must be filed as a foreign entity with Arizona Corporation Commission

Business Type						*State
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation*	<input type="checkbox"/> LLC*	<input type="checkbox"/> LLP*	<input type="checkbox"/> LLLP*	
Business Name						
Doing Business As (DBA if applicable)						

Established Business Address

Street Address			City	State	Zip
Mailing Address (if different from Street Address)			City	State	Zip
Office Days and Hours					
<input type="checkbox"/> M ___ to ___ <input type="checkbox"/> Tu ___ to ___ <input type="checkbox"/> W ___ to ___ <input type="checkbox"/> Th ___ to ___ <input type="checkbox"/> F ___ to ___ <input type="checkbox"/> Sa ___ to ___ <input type="checkbox"/> Su ___ to ___					
Phone Number ()		Fax Number ()		County	
Principal Owner E-mail Address					

Business Contact — The person named below is the contact person authorized to perform this entity, including communication between the business and MVD.

Business Contact Name (first, middle, last, suffix)			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)	Date of Birth	

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Residence Address		City	State Zip
Residence Phone Number ()	Stock Percentage (if applicable)	Date of Birth	

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.**

Established Place of Business to be Licensed

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

Must attach photo of building and address

Business Sign

- Yes No Sign is 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	

The following documents must be submitted with the application:

- Blanket written agreement used for all franchised dealers
- Certificate of appointment for each franchise
- Copy of the delivery and preparation form
- List of all franchises
- Sample of your MCO (Manufacturer's Certificate of Origin) Front and Back
- Copy of VIN plate
- Photo copy of the Manufacturer's Federal label
- Product brochure(s)
- Out of state corporations, must provide a copy of your Arizona corporate stamped "filed", as a foreign corporation
- Photos of site
 - Building
 - Address
 - Sign
- Notice of intention, if a franchisor intends to establish an additional new motor vehicle dealership within a 10-mile area in a community where a same line/make dealer is established. A 20 mile area is used in counties where the population is less than 200,000.

A written agreement or certificate of appointment need not be filed for each franchised dealer if the manufacturer or distributor uses the identical basic agreement for all of its franchised dealers and has filed a blanket agreement.

Manufacturers of Trailers

All manufacturers of trailers must make contact with the following agency for information on assigning proper vehicle identification numbers to manufactured trailers.

National Highway Traffic Safety Administration
Department of Vehicle Safety
400 Seventh St. SW
Washington, D.C. 20590
Toll Free: 888.327.4236
nhtsa.dot.gov

Intent to Terminate or Add a Franchise (ARS 28-4453)

If a franchisor intends to terminate or not continue any franchise, or intends to enter into a franchise establishing an additional dealership of the same line/make, the franchisor must file a notice with us of intent to terminate or not continue the franchise or enter into a franchise for additional representation of the same line/make.

Business Name

MVD Use Only

Receive Application		Money Order/Amount	Checks/Amount
Received and Accepted By	Date		
Received and Accepted By	Date		
Received and Accepted By	Date		

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

Process Payment and License/Plates			
Processed By		Date	
Date Payment Received	Payment Amount	Check/Money Order #	Date Fees Posted To ARMANI