



## VEHICLE DEALERSHIP LICENSE CHANGE APPLICATION

### INSTRUCTIONS AND REQUIREMENTS

Before completing any part of this application, make sure this is the **most recent** version by comparing it with the one posted on the Board's website.

This application and all required documents must be submitted to the **Vehicle Board at PO Box 2649; Harrisburg, PA 17105-2649**. All vehicle dealership licenses expire May 31<sup>st</sup> of each odd numbered year. DELAYS may occur in the processing of this application if submitted during the beginning of the license renewal period (March 1 of odd-numbered year and July 1 of the same year). Upon receipt of a correctly completed application and all required documents, your application will be processed as soon as possible.

For all changes **except a 911 address change**, an inspection of the dealership facility is required. Upon completion of a satisfactory inspection, a temporary authorization to operate your dealership facility will be issued by the inspector. This temporary authorization will allow you to operate your dealership facility from the date of inspection until your dealer license is mailed to you; when the satisfactory inspection report is received by the Board office, a current license will be issued to the dealership address.

An individual who holds a vehicle dealership license as a partnership, corporation or any other form of business entity other than a sole proprietorship must also hold a valid, current vehicle salesperson license in order to conduct vehicle sales. An individual who holds vehicle dealership license as a sole proprietor is not required to also hold a vehicle salesperson license in order to engage in vehicle sales.

**Be sure to keep a copy of your completed application packet for your information.**

### INSTRUCTIONS

- Application responses must be typed or printed neatly in black or blue ink.
- **ALL questions in ALL sections MUST be answered completely and truthfully.** Statements are made under oath and are subject to Board investigation. Falsification of answers or failure to answer any question may constitute grounds for refusing or taking disciplinary action against a license.
- **Attach** the following documents to this application:

1. **A check or money order (cash is not acceptable)** for the amount below made payable to the Commonwealth of Pennsylvania

\$65.00 Change within Officers  
\$60.00 Physical Address Change plus \$5.00 for each MV license  
\$60.00 Change of Office at same location plus \$5.00 for each MV license  
\$30.00 Post Office Address Change plus \$5.00 for each MV license  
\$30.00 Business Name Change plus \$5.00 for each MV license

**\* Change of Business Formation DOES NOT:**

include addition/deletion of owner(s)/officer(s) to an existing ownership group. To add or delete individual owners from an existing ownership group, follow items #5 - #7 in the instructions.

**\* Change of Business Formation DOES:**

include changing the ownership structure of a dealership (i.e. from sole proprietorship to corporation, etc.) even if there is no change in the principals involved. You must submit a completed **Vehicle Dealer Initial License Application** and submit with all supporting documentation.

The application fee is **NON-REFUNDABLE** and **NON-TRANSFERABLE** regardless of the issuance of a license. A \$20.00 processing fee will be charged for any unpaid returned check regardless of the reason.

2. Return the current license of the existing dealership and currently licensed salespersons employed by the dealership. New licenses will be reissued upon the processing of this application. (Submit original licenses, keeping a copy for your records.)
3. Photograph of the dealership sign showing the **new name** that is permanently affixed to the building or erected in the outdoor display area that shows the licensed name of the dealership as it appears on this application and is visible to the public. (**ONLY REQUIRED FOR NAME CHANGE**)
4. **FORMATION DOCUMENTATION.** Attach the applicable documentation from the Pennsylvania Corporation Bureau:
  - **Corporations**
    - a. For **Pennsylvania** corporations--**a photocopy of the approved articles of incorporation.**
    - b. For **out of state** corporations--**a photocopy of the certificate of authority to do business as a foreign corporation.**

- c. If the corporation is doing business under a **fictitious name**, also include a **photocopy of the approved fictitious name registration**. *The corporation's name must specifically appear on the fictitious name registration.*
- **Limited Liability Companies and Partnerships**
  - a. For **Pennsylvania** companies and partnerships--a **photocopy of the approved certificate of registration**.
  - b. For **out of state** companies and partnerships --a **photocopy of the certificate of authority to do business as a foreign limited liability company or partnership**.
  - c. If the Limited Liability Company or Partnership is doing business under a **fictitious name**, also include a **photocopy of the approved fictitious name registration**. *The Limited Liability Company or Partnership's name must specifically appear on the fictitious name registration.*
- **Sole Proprietorship**
  - a. If the sole proprietorship is doing business under a **fictitious name**, also include a **photocopy of the approved fictitious name registration**. *The applicant's personal name must specifically appear on the fictitious name registration.*

**Questions about entity filings should be directed to the Corporation Bureau, Department of State, Harrisburg, PA 17120, (717) 787-1057.**

5. A **COMPLETED** State Police Background Check (Request for Criminal History Check) for each **new owner, partner, officer or member** regardless if they have a conviction or not, **FROM EACH STATE IN WHICH EACH INDIVIDUAL HAS RESIDED IN THE FIVE YEARS IMMEDIATELY PRECEDING THE DATE OF THE APPLICATION**. If you answer **YES** to question 25 on the application, then you must submit a completed State Police Background Check from the state in which the conviction occurred regardless of whether you have ever resided in that state. Background checks that reflect "Request under Review" will not be accepted.
  - Criminal record checks for **Pennsylvania residents** may be obtained on-line at <https://epatch.state.pa.us> or by mail by contacting the **Pennsylvania State Police**.  
Note that the turnaround time for on-line applications is faster than mailed applications.
  - **Out-of-state** residents should consult the Board's web page for information about obtaining an out-of-state background check at: [www.dos.pa.gov/vehicle](http://www.dos.pa.gov/vehicle) click on General Board Information then click on Criminal Record Check.
  - Criminal record checks must be received within 90 days of the application date and must include the social security number and birth date of the individual. Those older than 90 days will be returned for new submissions. In the interim, the application will not be processed.
  - Any questions about your background check should be directed to the State Police.
  - If any owner, officer, member or partner has been convicted\* of a *felony* or *misdemeanor* offense (summary offenses are not included), submit the following information for EACH conviction, **regardless** of the time elapsed since the conviction:
    - Copies of the criminal complaint and affidavit of probable cause, criminal information or indictment, sentencing order, and transcript of a guilty plea colloquy, if any, certified by the court in the county where the conviction occurred;\*\*
    - If the court documents do not categorize the offense as a felony or misdemeanor, a letter from the Court explaining the grading of the offense;
    - A letter from the Probation Office, on agency letterhead, **signed and dated within 90 days** of receipt in the Board office, providing the current probationary status and/or completion date (if applicable)\*\*;
    - Employment history or resume;
    - A detailed description (in applicant's own words) of the circumstances surrounding the conviction, the basis for the conviction, and the disposition of the conviction;

**\*For purposes of these instructions**, a conviction includes a finding or verdict of guilt, a plea of guilty or *nolo contendere*, or a disposition of probation without verdict, disposition in lieu of trial, or Accelerated Rehabilitation Disposition. The Board will not deny a license based upon a disposition of PWV, disposition in lieu of trial or ARD, but will monitor the applicant's compliance to confirm that the disposition is not changed to a conviction after the license has been issued.

**\*\*If the required documents are not available**, please provide an original letter on business letterhead, **signed and dated within 90 days** of receipt in the Board's office, from the proper authority confirming documents are not available.
6. Statement of previous work history (resume) of each **new** owner, partner, officer and member to establish the reputation in business of the applicant for the past five (5) years.
7. A notarized statement from the officer, partner or member being **deleted** verifying that the individual will no longer be involved with the dealership and the date of disassociation, if applicable.

8. If the dealership mailing address has changed due to a **postal or 911 change**, but the physical location has stayed the same, please forward a letter from your post office or municipality verifying the change of mailing address.
9. If you are making a physical change of address, the dealership must be inspected and must submit all items in sections #10 through #16.
10. Original photographs of:
  - A. Complete overall view showing display area and office. Office must be permanent and adjacent to surfaced display area. Photograph must show that dealership is separated from any adjoining business or residences.  
  
Display area shall be large enough for the display of at least five (5) vehicles with the doors open, or if the dealership will engage in the sale of recreational vehicles, or manufactured housing, the display area must be at least 5,000 square feet. This does not apply to dealerships selling *only* used manufactured housing.
  - B. Inside of office showing telephone, desk and lockable file cabinet.
  - C. Area for display of vehicles to be sold that is separate from parking areas of other businesses or residences and is properly surfaced and adequately lighted.  
  
An outdoor display area must be separated from the public parking by grass strips, ropes and pennants, painted lines or some other conspicuous means of separation.
  - D. Dealership sign either permanently affixed to the building or permanently erected in the outdoor display area that shows the licensed name of the dealership as it appears on this application and is visible to the public. Name must not be misleading (i.e., gas station, body shop, salvage, towing, etc.) and should present to the public that the facility is a vehicle dealership. The name of the dealership cannot designate rental, leasing, wholesale, broker or brokering.
  - E. Sign showing posted hours and days the dealership is open.
11. A hand-drawn diagram on **8 ½" x 11"** paper, indicating the locations of customer parking and dimensions of all buildings, offices and display areas of the dealership and the location of any other businesses or residences located on the premises. The diagram must show the complete property, labeling everything, including doorways, and ***must be signed and dated*** by the applicant. **The dealership must be a complete and separate entity from any other business or residence.**
12. Copy of a deed if you own the property or lease agreement showing that the property has been rented for a minimum of six (6) months. ***If the deed has a location description that does not indicate the address of the property, please submit an affidavit indicating that the location description in the deed is that of the dealership location.*** The lease must disclose the address of the facility that is being leased.
13. Copy of a telephone bill or letter from the telephone company verifying installation of a single business landline telephone at the proposed ***dealership address with the telephone number listed under the dealership's licensed name.***
14. Documentation from your local municipality verifying that your business location has proper zoning.
15. A copy of Certificate of Occupancy issued by the Department of Labor and Industry (717-787-3806) or a copy of the letter of compliance or use and occupancy permit from the city or municipality in which the dealership is located.
16. One copy of the franchise agreement for the new vehicles to be sold. **(ONLY TO BE SUBMITTED BY DEALERS SELLING "NEW" VEHICLES)**

**PLEASE NOTE:**

- **OFFICE INSPECTION.** An office inspection will be required prior to issuance of your license.
- **SUBSEQUENT DISCIPLINARY ACTION OR CRIMINAL CONVICTION.** If disciplinary action is taken against the license of the entity or any officer, member, partner or owner at any time following the date of the criminal background checks, these actions must be reported to the Board within 30 days of the action. Refusal of licensure or disciplinary action may result from these actions or the failure to make a timely report.
- To check the status of your application online visit [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us)

- If a pending application is older than one year from the date submitted online or the paper application is signed by the applicant and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.
- In order to complete the application process, many of the supporting documents associated with the application cannot be more than 6 months old (from the date of issuance). All background check documents cannot be older than 90 days old (from the date of issuance).
- The Board will retain a copy of all old application records and attachments. Applicants will be notified of the above timeframes for pending applications.

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Detach and maintain the following information:

**IMPORTANT PENNDOT CONTACT INFORMATION**

**If you have any questions regarding the following, please use the telephone numbers given below:**

Plates / Tags: 1-800-932-4600

**IF this is for dealer plates/dealer renewals: 717-787-7207 or 717-787-7318**

Titles: 1-800-932-4600

Vehicle Registration: 1-800-932-4600

Inspection Stations: **717-787-2895** or refer to the website, <http://www.dmv.pa.gov>

Dealer Approvals: **717-787-7207** or **717-787-4291**

Salvage: 1-800-932-4600

The PENNDOT Dealer Section does not process regular plates/tags, title work, or vehicle registrations. Salvage Certificates are also not processed in this area, unless going through the abandoned vehicle process. If you are inquiring about becoming a **salvage dealer** or **salvage dealer plates**, please contact either **717-787-7207** or **717-787-4291**



**VEHICLE DEALERSHIP LICENSE CHANGE APPLICATION**

This application is for:  CORPORATION  LIMITED LIABILITY COMPANY  
 PARTNERSHIP  SOLE PROPRIETORSHIP  
 MAIN DEALER LOT  BRANCH LOT

1. Applicant's Name: \_\_\_\_\_  
 (Name of Corporation, Limited Liability Company, Partnership, if Sole Proprietorship, use Personal Name)
2. Applicant's Trade Name: \_\_\_\_\_  
 (Name under which Applicant will conduct business)
3. Business address: \_\_\_\_\_  
 (STREET) (CITY) (COUNTY) (STATE & ZIP CODE)  
 (You **MUST** provide a physical location (street) address in addition to any route or post office address.)
4. Applicant's email address: \_\_\_\_\_
5. Applicant's website address: \_\_\_\_\_
6. Vehicle Dealer Number: **VD** \_\_\_\_\_
7. Person in charge to contact at dealership: \_\_\_\_\_
8. Telephone number of the dealership: (\_\_\_\_ \_\_ \_\_) \_\_\_\_ \_\_ \_\_ - \_\_\_\_ \_\_ \_\_
9. Person to contact to schedule inspection of dealership: \_\_\_\_\_
10. Telephone number to contact above person between the hours of 8:00 am and 5:00 pm \_\_\_\_\_

11. Officer, Member or Partner information: *If an individual is the sole officer, indicate that below*

NAME	TITLE (Circle one)	CURRENT HOME ADDRESS	SSN	HOME TELEPHONE #
	President/Partner/ Member/Owner			
	Vice President/Partner/ Member/Owner			
	Treasurer/Partner/ Member/Owner			
	Secretary/ Partner/ Member/Owner			

a) List previous home addresses for the past five years for officers / members / partners (*must be completed*):

NAME	PREVIOUS HOME ADDRESSES FOR THE PAST FIVE YEARS	NAME	PREVIOUS HOME ADDRESSES FOR THE PAST FIVE YEARS

12. Business is for the sale of (*check all that apply*):
- |                          |                             |                          |            |                          |             |                          |  |                          |            |                          |             |
|--------------------------|-----------------------------|--------------------------|------------|--------------------------|-------------|--------------------------|--|--------------------------|------------|--------------------------|-------------|
| <input type="checkbox"/> | cars:                       | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> | <input type="checkbox"/> | motorcycles:                           | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> |
| <input type="checkbox"/> | trucks:                     | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> | <input type="checkbox"/> | trailers:                              | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> |
| <input type="checkbox"/> | motor homes:                | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> |                          | (gross vehicle weight over 3,000 lbs.) |                          |            |                          |             |
| <input type="checkbox"/> | recreational vehicles       | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> | <input type="checkbox"/> | manufactured housing:                  | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> |
| <input type="checkbox"/> | all-terrain vehicles (ATV): | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> | <input type="checkbox"/> | mobility vehicle:                      | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> |
| <input type="checkbox"/> | scooters:                   | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> | <input type="checkbox"/> | special purpose vehicles:              | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> |
| <input type="checkbox"/> | electric cars:              | <input type="checkbox"/> | <b>new</b> | <input type="checkbox"/> | <b>used</b> |                          | (ambulance, hearses, etc.)             |                          |            |                          |             |

13. List make(s) of new vehicles to be sold, if any \_\_\_\_\_

14. How long has this dealership been in operation? \_\_\_\_\_

15. **Application fee is for (*check all that apply*):**  
**(If more than one change is requested, only pay the higher fee.)**

- |                          |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | <b>Change within Officers / Members / Partners</b><br>Same Business Name and Address Will be Retained <input type="checkbox"/> YES <input type="checkbox"/> NO | <b>Required Fees</b><br>\$65.00 for VD license       |
|                          | List Previous Owners _____   |  |
| <input type="checkbox"/> | <b>Physical Address Change</b>   | \$60.00 for VD license<br>\$5.00 for each MV license |
|                          | List Previous Address: _____<br>_____  |  |
| <input type="checkbox"/> | <b>Change of Office at Same Location</b>   | \$60.00 for VD license<br>\$5.00 for each MV license |
| <input type="checkbox"/> | <b>Post Office Address Change</b>  | \$30.00 for VD license<br>\$5.00 for each MV license |
|                          | List Previous Address: _____<br>_____  |  |
| <input type="checkbox"/> | <b>Business Name Change Only</b>   | \$30.00 for VD license<br>\$5.00 for each MV license |
|                          | List Previous Business Name: _____   |  |
| <input type="checkbox"/> | <b>Adding/Deleting Type(s) of Vehicle(s) to be sold</b><br>(Mark the changes in question #12 as necessary)   | <b>There is no fee for this type of modification</b> |

**NOTE:** The application fee is **NON-REFUNDABLE** and **NON-TRANSFERABLE** regardless of the issuance of a license. A \$20.00 processing fee will be charged for any unpaid returned check regardless of the reason for non-payment.

**YES**    **NO**

16.         Has there ever been a previously owned dealership at this location?

**If YES list the license number VD** \_\_\_\_\_

17.         Has any owner, partner, officer, or member ever applied for a salesperson license with this Board?

**If YES list name(s) and license number(s):** \_\_\_\_\_

YES    NO

18.    \_\_\_    \_\_\_    Has any owner, partner, officer, or member ever applied for a dealer license with this Board?  
**If YES list name(s) and license number(s):** \_\_\_\_\_
19.    \_\_\_    \_\_\_    Has any owner, partner, officer, or member ever applied for an auction license with this Board?  
**If YES list name(s) and license number(s):** \_\_\_\_\_
20.    \_\_\_    \_\_\_    Has any owner, partner, officer, or member hold or have ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?
21.    \_\_\_    \_\_\_    If you answered yes to the above question, please provide the profession and state or jurisdiction.  
Profession: \_\_\_\_\_ State: \_\_\_\_\_
22.    \_\_\_    \_\_\_    Has any owner, partner, officer, or member had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
23.    \_\_\_    \_\_\_    Has any owner, partner, officer, or member currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
24.    \_\_\_    \_\_\_    Has any owner, partner, officer, or member withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
25.    \_\_\_    \_\_\_    Has any owner, partner, officer, or member been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. *If YES, please refer to the above instructions concerning the submission of a completed State Police Criminal Background Check.*
26.    \_\_\_    \_\_\_    Has any owner, partner, officer, or member currently have any criminal charges pending and unresolved in any state or jurisdiction?
27.    \_\_\_    \_\_\_    Is the proposed dealership in full compliance with applicable building codes, zoning ordinances, and other land-use ordinances?
28.    \_\_\_    \_\_\_    If the dealership intends to sell “new” vehicles, does the dealership hold a franchise agreement in writing with a manufacturer or distributor authorizing a new vehicle dealer to sell a particular line-make of vehicles from the address of the proposed dealership?
29.    \_\_\_    \_\_\_    If the dealership intends to sell “new” vehicles, does a manufacturer or distributor authorizing a new vehicle dealer to sell a particular line-make of vehicles own, hold an interest in, operate, or control the proposed dealership?  
**If YES please attach documents describing the ownership, interest held, operation, or control of the dealership.**

30. **APPLICANT'S CERTIFICATION**

*(This application must be signed by all owners, officers, partners and/or members of the dealership)*

I hereby certify that I have read the Board of Vehicles Act, Act of December 22, 1983, P.L. 306, No. 84, as amended, 63 P.S. §§818.1 – 818.37, and the Board's regulations, 49 Pa. Code §§19.1 – 19.38, and that I will abide by the Act and the regulations while practicing in the Commonwealth of Pennsylvania.

I/we certify that I/we have met all facility requirements and all information supplied in this application is true and correct to the best of my/our knowledge and belief.

I/we understand that any false statement made is subject to the penalties of 18 Pa.C.S. Section §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of the license.

I/we understand that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. Section §4911.

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Owner, Officer, Partner, or Member's Signature	Print Name	Date
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Owner, Officer, Partner, or Member's Signature	Print Name	Date
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Owner, Officer, Partner, or Member's Signature	Print Name	Date
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Owner, Officer, Partner, or Member's Signature	Print Name	Date
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Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

I authorize the following organization and its employees to act as my agent to file this application on my behalf, and to receive correspondence and communications from the Board. I understand that the Board will also send copies of communications directly to me.

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Name of Organization

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Address of Organization

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Contact Person at Organization	Telephone Number	Fax Number
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Signature of Applicant	Print Name	Telephone Number	Fax Number
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I accept authorization of the applicant to act as agent for the submission of this application and to receive correspondence and communication from the Board. I understand that the Board will also send copies of communications directly to the applicant.

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Signature of Contact Person	Print Name	Telephone Number	Fax Number
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