



Motor Vehicle Division

38-5118 R04/18 azdot.gov

Mail Drop 552M
Dealer Licensing
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

DEALER RECORD
AMENDMENT

(All sections must be completed in full)

Form with sections: Dealer License Number, Action Requested (Change Business Name and/or DBA, Change Location), Current Business Name, Current Trade (DBA) Name, Current Business Address, New Business Name, New Trade (DBA) Name, New Business Address, Mailing Address, Licensee/Owner/Officer, Business Contact Name, Phone Number, Fax Number, E-mail Address.

Additional Requirements

- 1. Submit original Bond Rider for each change of a business name or location.
2. If corporate name change, a statement or amendment to the Articles of Incorporation accepted by the Arizona Corporation Commission must be submitted.
3. Franchised dealers must submit a manufacturer's letter of acknowledgement or appointment for each branch office, change of location or change of business name.
4. Provide a copy of your Lease Agreement/Deed (retail dealers only).

Site Assessment

Business Sign

- a. Sign is permanently affixed or erected? [Yes/No]
If No, date of permanent affixture: _____ (submit a copy of sign invoice)
b. Sign is legible for 300 feet during daylight? (excluding wholesale dealers) [Yes/No]
c. Sign is affixed to: [Building/Driveway/Residence/Office Entrance]
d. Sign reads: _____
(must state the business name and indicate the type of business being conducted at the premises)

Place of Business to be Licensed

a. Business hours (complete all fields, must match photo of posted business hours):

M ___ to ___ Tu ___ to ___ W ___ to ___ Th ___ to ___ F ___ to ___ Sa ___ to ___ Su ___ to ___

b. At least two spaces have been designated to display two vehicles? (excluding wholesale dealers) Yes No

c. Building will be devoted principally to the dealership business? Yes No

If No, provide reason: _____

d. Is the place of business a: Building Suite Trailer Residence

If a suite, does it have its own private entrance from the outside? Yes No

If a trailer, is it permanently affixed? (wheels removed) Yes No

e. PHOTOS – submit a photo of:

- Permanently affixed Business sign
- Entire lot, including space to display (excluding wholesale)
- All four sides of building (excluding wholesale)
- Address numbers and posted hours of operation
- Records storage and office areas
- Auto recyclers: Include photo of enclosed yard
- Public Consignment Auction Dealer: include photos stating "No Implied Warranty" and "Emissions is the responsibility of purchaser"

Record Keeping

a. I certify records will be maintained at this address? Yes

b. If residence, I certify there is space designated for record keeping? Yes

Certification

I certify that my assigned motor vehicle dealer, automotive recycler or wholesale motor vehicle dealer 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 there is a change in business name, location or an officer, director, partner, agent or stockholder is added or removed.

Your signature indicates that all of the above listed information is true and accurate. This Dealer Record Amendment is a legal document and will be considered as sworn testimony in accordance with A.R.S. § 28-3479 and A.R.S. § 13-2702. If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Owner, Partner or Officer Signature	Date	Title	
2nd Partner Signature	Date	3rd Partner Signature	Date

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
Date Fees Posted To ARMANI		Payment type and Session # Ck # _____ Amt _____	Accepted By		Date