



500 James Robertson Parkway  
Nashville, TN 37243  
Tel: 615-741-2241  
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY
LICENSE TYPE <u>2701</u>
TRANSACTION TYPE <u>3010</u>
FILE NUMBER _____
ENTITY NUMBER _____
APPLICATION NUMBER _____
AMOUNT PAID _____

### MOTOR VEHICLE DEALER APPLICATION

Only applicants with complete applications are eligible for consideration. You may attach additional pages as necessary. Please type or print clearly in ink. Checks should be made payable to the Department of Commerce & Insurance.

Send the completed application to:  
Attn: MOTOR VEHICLE COMMISSION  
**The Department of Commerce & Insurance**  
**500 James Robertson Parkway**  
**Nashville, TN 37243**

**Section One:** Applicant Identification and eligibility verification

Name of Applicant: \_\_\_\_\_  
Last First Middle

Are you currently licensed? Yes/No \_\_\_\_\_ If Yes, License Number \_\_\_\_\_

Social Security Number OR Federal EIN \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Contact Phone Number: \_\_\_\_\_

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



STATE OF TENNESSEE  
 TENNESSEE MOTOR VEHICLE COMMISSION  
 500 JAMES ROBERTSON PARKWAY, 5<sup>TH</sup> FLOOR  
 NASHVILLE, TN 37243-1153  
 PHONE 615.741.2711  
 FAX 615.741.0651  
 tn.gov/commerce/section/motor-vehicle

OFFICE USE ONLY
FILE #
TRANSACTION #
ACTION
CLERK'S INITIALS

**TENNESSEE MOTOR VEHICLE DEALER APPLICATION**

PROFESSION TYPE (CHECK ONE)	TRANSACTION TYPE (CHECK ALL THAT APPLY)	CHECK ONE		
<input type="checkbox"/> USED MOTOR VEHICLE DEALER <input type="checkbox"/> FRANCHISED MOTOR VEHICLE DEALER <input type="checkbox"/> FRANCHISED MOTORCYCLE DEALER <input type="checkbox"/> FRANCHISED RECREATIONAL VEHICLES (includes non-motorized travel-trailers)	<input type="checkbox"/> CHANGE OF OWNERSHIP (current license # _____) <input type="checkbox"/> ADDITIONAL LINE-MAKE (current license # _____) <input type="checkbox"/> CHANGE OF PHYSICAL LOCATION (current license # _____)	<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP		
BUSINESS NAME (Individual/Partnership/Corporation/LLC/LLP/LP)				
TRADE NAME (DBA or ASSUMED NAME)				
CELL PHONE ( )	BUSINESS PHONE ( )	FAX NUMBER ( )	EMAIL ADDRESS	
LOCATION ADDRESS (PHYSICAL ADDRESS)		CITY/STATE	ZIP	COUNTY
MAILING ADDRESS (If different, the mailing address must be in the same county)		CITY/STATE	ZIP	COUNTY
<b>IF FRANCHISED, YOU MUST ATTACH A COPY OF THE LETTER OF ACKNOWLEDGMENT FROM THE MANUFACTURER OR DISTRIBUTOR AWARDING THE FRANCHISE AGREEMENT(S). THE DEALER NAME MUST BE THE SAME AS THE ENTITY TO WHOM THE FRANCHISE IS GRANTED. THE RELEVANT MARKET AREA MUST BE DEFINED, OR IT MUST INCLUDE A STATEMENT CLARIFYING THAT "NO RELEVANT MARKET AREA IS AWARDED OR GEOGRAPHIC BOUNDARY DEFINED."</b>				

**IF YOUR BUSINESS IS A SOLE PROPRIETORSHIP, PLEASE COMPLETE THE FOLLOWING SECTION**

NAME	CELL PHONE ( )		
ADDRESS	CITY/STATE	ZIP	COUNTY

**IF YOUR BUSINESS IS A PARTNERSHIP, PLEASE COMPLETE THE FOLLOWING SECTION – MUST IDENTIFY MANAGING PARTNER**

NAME (1) (MANAGING PARTNER)	CELL PHONE ( )		
ADDRESS	CITY/STATE	ZIP	PARTNERSHIP %
NAME (2)	CELL PHONE ( )		
ADDRESS	CITY/STATE	ZIP	PARTNERSHIP %
NAME (3)	CELL PHONE ( )		
ADDRESS	CITY/STATE	ZIP	PARTNERSHIP %
NAME (4)	CELL PHONE ( )		
ADDRESS	CITY/STATE	ZIP	PARTNERSHIP %

**THE FOLLOWING SECTION PERTAINS TO CORPORATIONS (DOMESTIC & FOREIGN), LLCs, LLPs, and LPs**

1. STATE OF INCORPORATION \_\_\_\_\_
2. DOMESTIC (TENNESSEE) – YOU MUST PROVIDE A COPY OF THE CHARTER, INCLUDING ANY AMENDMENTS. (IF THIS IS A CHANGE OF OWNERSHIP OF EXISTING STOCK/SHARES AND/OR LIABILITIES, ATTACH COPIES OF MINUTES APPROVING THE CHANGE.)
3. FOREIGN (OUT-OF-STATE) – YOU MUST PROVIDE A COPY OF A CERTIFICATE OF AUTHORITY, ISSUED BY TENNESSEE, STATING AGENT FOR SERVICE OF PROCESS.

WHAT TYPE OF CORPORATION DO YOU PLAN TO OPERATE? PLEASE MARK CORRESPONDING BOX	S CORP	C CORP
IF YOU PLAN TO OPERATE AS A C CORP, IS THE CORPORATION PUBLICLY TRADED? PLEASE MARK CORRESPONDING BOX	YES	NO

IN THE FOLLOWING SECTION, YOU MUST LIST THE NAME, ADDRESS, AND TITLE OF OFFICERS, DIRECTORS, MEMBERS AND ANY/ALL PERSONS OR ENTITIES OWNING MORE THAN FIVE PERCENT (5%) OF ANY OUTSTANDING SHARES OF STOCK ISSUED BY THE CORPORATION, LLC, LLP, OR LP.

BY COMPLETING THE FOLLOWING, THE UNDERSIGNED APPLICANT HEREBY AGREES AND RELEASES FROM ANY AND ALL LEGAL LIABILITY THE TENNESSEE MOTOR VEHICLE COMMISSION, ITS STAFF AND REPRESENTATIVES REGARDING COMPLETE DISCLOSURE AND INSPECTION OF APPLICANT'S FINANCIAL AND/OR BACKGROUND DISCLOSURE OF ALL RECORDS PERTINENT TO ITS DOING BUSINESS IN THE STATE OF TENNESSEE. ALL PRIOR BUSINESS, BANKING, AND INVESTMENT RECORDS WILL BE MADE AVAILABLE BY THE APPLICANT FOR INSPECTION, BY THE MOTOR VEHICLE COMMISSION OR THROUGH ITS REPRESENTATIVES. IN ADDITION, THE APPLICANT AGREES TO PROVIDE AND DISCLOSE SUCH INFORMATION TOUCHING ON AND CONCERNING THE APPLICANT'S CHARACTER, HONESTY, INTEGRITY, REPUTATION, BUSINESS RELATIONSHIP AND ABILITY AS THE COMMISSION MAY REQUIRE.

ALL SUCH RECORDS ARE TO BE USED EXCLUSIVELY BY THE COMMISSION AND ITS STAFF FOR THE SOLE PURPOSE OF DETERMINING REQUIREMENTS FOR LICENSURE UNDER THE LAWS AND REGULATIONS OF THE TENNESSEE DEALER-MANUFACTURING LICENSING LAWS, RULES AND REGULATIONS FOUND IN TENNESSEE CODE ANNOTATED, TITLE 55 CHAPTER 17, ET SEQ. AND TENNESSEE COMPREHENSIVE RULES AND REGULATIONS CHAPTER 0960. IF ANY OTHER PORTION OF THE BUSINESS IS OWNED BY ANOTHER CORPORATION, LLC, LLP, or LP, SIMILAR DOCUMENTS ARE REQUIRED FOR THAT CORPORATION AND ANY OTHER CORPORATION LISTED IN THE CHAIN OF OWNERSHIP.

FULL NAME (PRINT) & TITLE	DATE OF BIRTH	HOME ADDRESS (STREET, CITY, STATE, ZIP)	SOCIAL SECURITY NUMBER & EMAIL ADDRESS	CELL PHONE NUMBER	% OWNED
				( )	
SIGNATURE					
FULL NAME (PRINT) & TITLE	DATE OF BIRTH	HOME ADDRESS (STREET, CITY, STATE, ZIP)	SOCIAL SECURITY NUMBER & EMAIL ADDRESS	CELL PHONE NUMBER	% OWNED
				( )	
SIGNATURE					
FULL NAME (PRINT) & TITLE	DATE OF BIRTH	HOME ADDRESS (STREET, CITY, STATE, ZIP)	SOCIAL SECURITY NUMBER & EMAIL ADDRESS	CELL PHONE NUMBER	% OWNED
				( )	
SIGNATURE					

YOU MAY MAKE ADDITIONAL COPIES OF THIS PAGE, AS NEEDED.

**IN THE FOLLOWING SECTION, PLEASE LIST THE REGISTERED AGENT AS REPORTED TO THE TENNESSEE SECRETARY OF STATE**

NAME (PRINT)	ADDRESS	CITY, STATE, ZIP	COUNTY
SIGNATURE OF REGISTERED AGENT			CELL PHONE NUMBER (     )

**THE FOLLOWING SECTION PERTAINS TO LINE-MAKES**

IF YOU ARE A FRANCHISED MOTOR VEHICLE DEALER OR FRANCHISED RECREATIONAL VEHICLE DEALER, EACH LINE-MAKE MUST BE LISTED, AND IS A REQUIREMENT OF LICENSURE.

1. **LIST** EACH LINE-MAKE AND THE NAMES OF THE MANUFACTURERS/DISTRIBUTORS WITH WHOM YOU HAVE A BONA FIDE CONTRACT, SALES AND SERVICE AGREEMENT, OR FRANCHISE FOR THE RETAIL SALE OF EACH OF THE LINE-MAKES OF VEHICLES.
2. **ATTACH** A COPY OF THE MANUFACTURER'S FRANCHISE LETTER AWARDING **EACH** LINE-MAKE.

MANUFACTURER	LINE-MAKE	LICENSE NUMBER

**THE PROSPECTIVE LICENSEE MUST FURNISH A CURRENT FINANCIAL STATEMENT AND COMPILATION LETTER WITH THIS APPLICATION. SEE "MINIMUM REQUIREMENTS" FOR DETAILS.**

**THE APPLICANT MUST PROVIDE PROOF OF GARAGE LIABILITY INSURANCE WITH A MINIMUM COVERAGE OF \$300,000 AS EVIDENCED BY A CERTIFICATE OF LIABILITY INSURANCE WITH THE MOTOR VEHICLE COMMISSION LISTED AS THE CERTIFICATE HOLDER. THIS INSURANCE MUST REMAIN IN FORCE FOR AS LONG AS THE LICENSEE REMAINS LICENSED. FAILURE TO MAINTAIN THIS REQUIREMENT IS A VIOLATION OF TENNESSEE COMPREHENSIVE RULES AND REGULATIONS § 0960-1-.15, AND MAY RESULT IN THE ASSESSMENT OF A CIVIL PENALTY.**

**THE FOLLOWING SECTION PERTAINS TO FACILITY REQUIREMENTS**

PHYSICAL DESCRIPTION OF YOUR FACILITY MUST MEET OR EXCEED MINIMUM REQUIREMENTS AS OUTLINED IN THE “MINIMUM REQUIREMENTS FOR TENNESSEE MOTOR VEHICLE DEALER LICENSE” UNDER SECTION #1. **“ESTABLISHED PLACE OF BUSINESS”**. **INCLUDING, BUT NOT LIMITED TO THE FOLLOWING:** THE FACILITY SHOULD HAVE IMMEDIATE AND CONTIGUOUS ACCESS TO, AND EXCLUSIVE DEDICATED USE OF, A MOTOR VEHICLE DISPLAY LOT CAPABLE OF ACCOMMODATING FIFTEEN (15) MOTOR VEHICLES OF THE DEALERSHIP’S PRODUCT LINE AND THREE (3) FOR CUSTOMER PARKING. THE DISPLAY LOT CANNOT, IN ANY PART, BE PUBLIC LANDS, UNIMPROVED LAND OR DRIVEWAYS, OR BE CO-MINGLED WITH THE INVENTORY OF ANY OTHER BUSINESS.

**(PHOTOS ARE REQUIRED)**

TYPE OF BUILDING (WOOD, BRICK, STUCCO, BLOCK, ETC.)	GROSS BUILDING AREA (SQUARE FOOTAGE)	LAND/PARCEL SIZE (SQUARE FOOTAGE OR ACREAGE)

NUMBER OF DEDICATED DISPLAY SPACES	NUMBER OF DEDICATED SPACES FOR CUSTOMER PARKING	DISPLAY LOT MATERIAL (GRAVEL, CHERT, STONE, CONCRETE, ETC.)

Is any part of your display lot located inside your established place of business? <b>If yes, please explain:</b>	<b>YES</b>	<b>NO</b>
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**TEMPORARY FACILITIES ARE PROHIBITED. ESTABLISHED FACILITIES MUST BE ON A PERMANENT FOUNDATION OR UNDERPINNED.**

**THE FOLLOWING SECTION PERTAINS TO AN ADDITIONAL BUSINESS BEING CONDUCTED FROM THE PRINCIPAL BUSINESS LOCATION**

TENNESSEE CODE ANNOTATED § 55-17-129 ALLOWS A MOTOR VEHICLE DEALER LICENSED TO SELL MOTOR VEHICLES THE ABILITY TO OPERATE ONE (1) ADDITIONAL BUSINESS AT THE DEALER’S ESTABLISHED PLACE OF BUSINESS; PROVIDED, AT LEAST SIXTY-SIX PERCENT (66%) OF THE DEALER’S ESTABLISHED PLACE OF BUSINESS IS USED FOR THE SALE OR SERVICE, OR BOTH, OF MOTOR VEHICLES AND THAT THE INCOME DERIVED FROM THE ADDITIONAL BUSINESS IS LESS THAN THIRTY-THREE PERCENT (33%) OF THE GROSS INCOME OF THE DEALERSHIP. ALL RECORDS AND INVENTORY MUST BE MAINTAINED SEPARATE AND APART FROM THE MOTOR VEHICLE SALES OPERATION. BOTH RECORDS AND INVENTORIES SHALL BE CLEARLY LABELED AS SUCH, AND ALL BUSINESS RECORDS MUST BE MAINTAINED SEPARATELY, INCLUDING SALES AND USE TAX RECORDS FOR INSPECTION PURPOSES.

Is the sale of motor vehicles or recreational vehicles the principal business at the location named in this application?	<b>YES</b>	<b>NO</b>
Are you engaged in any other business which is conducted from this location? <b>(If yes, please describe the secondary business in the box below)</b>	<b>YES</b>	<b>NO</b>
Does the individual or individuals listed as the dealer principal in this application own the additional business? (See <b>(1)Established Place of Business - Exception (c)</b> on the Minimum Requirements List for further details)	<b>YES</b>	<b>NO</b>
DESCRIPTION OF SECONDARY BUSINESS:		

**THE FOLLOWING SECTION PERTAINS TO ON-SITE REPAIR FACILITIES AND SERVICE AGREEMENTS**

Do you have on-site facilities to repair and replace functional and non-functional parts of a motor vehicle or recreational vehicles?	<b>YES</b>	<b>NO</b>
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**IF YOU ANSWERED "NO" TO THE ABOVE QUESTION, YOU WILL NEED TO COMPLETE THE FOLLOWING PORTION OF THE APPLICATION AND MUST HAVE THE GARAGE/REPAIR FACILITY PRINCIPAL SIGN IN THE SPACE PROVIDED.**

IN ACCORDANCE WITH TENNESSEE CODES ANNOTATED § 55-17-111(a)(7), IF A MOTOR VEHICLE DEALER DOES NOT HAVE REPAIR FACILITIES AT THE ESTABLISHED PLACE OF BUSINESS TO SERVICE OR REPAIR MOTOR VEHICLES, THEN A DULY EXECUTED SERVICE AGREEMENT FOR FACTORY AUTHORIZED SERVICE OR REPAIR GARAGE WITHIN A REASONABLE DISTANCE FROM THE APPLICANT'S ESTABLISHED PLACE OF BUSINESS MUST BE PROVIDED TO THE COMMISSION. PLEASE COMPLETE THE SECTION BELOW.

GARAGE REPAIR FACILITY	ADDRESS	CITY, STATE, ZIP	ESTIMATED DISTANCE FROM BUSINESS
			<b>MILE(S)</b>
<b>SIGNATURE OF GARAGE/REPAIR FACILITY PRINCIPAL</b>			

Do you currently have an agreement with a lender (i.e. financial institutions, individuals, etc.) for the express purpose of financing your inventory? <b>If yes, please complete the attached form for Floor Plans.</b>	<b>YES</b>	<b>NO</b>
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**Should you enter into a new or subsequent agreement, you must immediately submit the form for Floor Plans to the Commission.**

TENNESSEE COMPREHENSIVE RULES AND REGULATIONS. 0960-1-.10 **THE FOLLOWING SECTION PERTAINS TO POSTED BUSINESS HOURS**

**REASONABLE BUSINESS HOURS.** ALL MOTOR VEHICLE DEALERS SHALL BE OPEN AT THEIR ESTABLISHED PLACE OF BUSINESS DURING REASONABLE BUSINESS HOURS..."REASONABLE BUSINESS HOURS" MEANS AT LEAST THREE (3) DAYS A WEEK FOR A MINIMUM OF TWELVE (12) HOURS TOTAL DURING THE WEEK. THE REASONABLE BUSINESS HOURS MUST BE BETWEEN 8:00 A.M. AND 7:00 P.M., AND AT LEAST EIGHT (8) OF THE HOURS MUST BE ON MONDAY, TUESDAY, WEDNESDAY, THURSDAY OR FRIDAY. **UNLESS OTHERWISE NOTIFIED, THE COMMISSION WILL CONSIDER THESE YOUR POSTED HOURS OF OPERATION.**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
<b>TOTAL HOURS</b>						

**THE FOLLOWING SECTION PERTAINS TO SALESPEOPLE EXPECTED TO BE EMPLOYED AT INCEPTION OF LICENSURE**

With the exception of sole proprietorships/partnerships, it is required that all dealers must license salespersons through this Commission prior to engaging in the business of selling or offering to sell motor vehicles or recreational vehicles. You are required to return all salesperson's license and identification cards once the salesperson's employment is terminated. Salesperson's license is non-transferable. <b>Please indicate the number of salespeople expected to be employed at start-up.</b>	<b>#</b>
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**IF THIS APPLICATION IS BEING PREPARED AS AN INITIAL LICENSE APPLICATION OR BECAUSE OF A CHANGE OF OWNERSHIP, APPLICATIONS MUST BE COMPLETED FOR EACH SALESPERSON AND SUBMITTED WITH THIS APPLICATION.**

**THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE PERSON AUTHORIZED AS DESIGNEE FOR THE BUSINESS, OR IN THE CASE OF SOLE-PROPRIETORSHIP, OWNER MUST COMPLETE THE QUESTIONS.**

Has the designee or anyone holding an ownership or financial interest in this business been previously licensed as a Motor Vehicle Dealer, or ever held interest in a Motor Vehicle Dealership?	<b>YES</b>	<b>NO</b>
<b>If you answered "yes" to the question above, provide the name of the person, business, State of issuance, period of licensure and Dealer License Number.</b>		

Has the designee or anyone holding an ownership or financial interest in this business ever had a license revoked, suspended, or otherwise disciplined by any board or agency, or ever been denied issuance of, or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Tennessee or any other state? If other than Tennessee, identify the State _____	<b>YES</b>	<b>NO</b>
<b>If you answered "yes" to the question above, attach an explanation of the action, consent order, final order, or other administrative document which references the disciplinary action taken against you or the business.</b>		

Has the designee or anyone holding an ownership or financial interest in this business ever been convicted or pled nolo contendere to a felony?	<b>YES</b>	<b>NO</b>
<b>If you answered "yes" to the question above, you must attach a complete list of ALL final judgments for ALL convictions and nolo contendere pleas detailing dates and court jurisdictions of such convictions. (See item #14 on the Minimum Requirements List for further details) You should also attach documentation regarding the terms of your release, if applicable. Failure to provide complete and true information as requested may result in your application being denied by the Commission pursuant to TENNESSEE CODES ANNOTATED § 55-17-114 et seq.</b>		

I HEREBY CERTIFY THAT THE STATEMENTS IN, OR ATTACHED TO THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE MEMBERS OF THIS ORGANIZATION ARE FAMILIAR WITH THE PROVISIONS OF THE LAW UNDER WHICH THIS APPLICATION IS MADE, AND THAT I, AS SOLE PROPRIETOR, PARTNER, OR OFFICER OF THE CORPORATION, LLC, LLP OR LP HAVE AUTHORITY TO MAKE THE STATEMENTS CONTAINED HEREIN.

I UNDERSTAND THAT NO LICENSE ISSUED SHALL BE TRANSFERABLE, AND A SEPARATE LICENSE SHALL BE REQUIRED FOR EACH SEPARATE PLACE OF BUSINESS AND SHALL BE PROMINENTLY DISPLAYED IN THE PLACE OF BUSINESS OPERATED BY THE PERSON TO WHOM THE LICENSE IS ISSUED.

I FURTHER ATTEST THAT I WILL COMPLY WITH EACH OF THE FOLLOWING REQUIREMENTS PURSUANT TO TENNESSEE CODES ANNOTATED § 55-17-111(h)(1):

- A. I SHALL MAINTAIN THE SURETY BOND REQUIRED BY SUBSECTIONS (d) and (g), AS APPLICABLE, IN FORCE AND EFFECT DURING ALL TIMES THAT THE LICENSE IS ACTIVE; AND
- B. I SHALL NOTIFY THE COMMISSION IMMEDIATELY UPON A CHANGE IN OWNERSHIP OR PHYSICAL LOCATION, AND FURTHER UNDERSTAND THAT MOTOR VEHICLE SALES ACTIVITY IS PROHIBITED UNTIL A REVISED MOTOR VEHICLE DEALER'S LICENSE IS ISSUED.

FAILURE TO MAINTAIN A SURETY BOND AS REQUIRED BY TENNESSEE CODES ANNOTATED § 55-17-111, OR NOTIFY THE MOTOR VEHICLE COMMISSION OF A CHANGE IN OWNERSHIP OR LOCATION OF THE DEALERSHIP AS REQUIRED BY TENNESSEE CODES ANNOTATED § 55-17-113, MAY RESULT IN THE ASSESSMENT OF A CIVIL PENALTY AND/OR SUSPENSION OR REVOCATION OF THE MOTOR VEHICLE DEALER LICENSE.

AUTHORIZED SIGNATURE	PRINTED SIGNATURE	DATE
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**THE FOLLOWING SECTION MUST BE COMPLETED BY A NOTARY PUBLIC**

STATE OF	COUNTY OF	
SUBSCRIBED AND SWORN TO BEFORE ME (MONTH, DAY, YEAR)	NOTARY PUBLIC	MY COMMISSION EXPIRES

# APPLICATION CHECKLIST

**MAIL APPLICATION, ATTACHMENTS, AND FEE TO THE TENNESSEE MOTOR VEHICLE COMMISSION, 500 JAMES ROBERTSON PARKWAY, 5<sup>TH</sup> FLOOR, NASHVILLE, TENNESSEE 37243-1153.**

- 1. DID YOU ANSWER EVERY QUESTION ON YOUR APPLICATION?
- 2. IS YOUR APPLICATION SIGNED AND NOTARIZED?
- 3. DID YOU INCLUDE THE ORIGINAL \$50,000 SURETY BOND? DID YOU SIGN THE BOND?
- 4. IS THE NAME ON YOUR SURETY BOND EXACTLY THE SAME AS IT APPEARS ON YOUR APPLICATION?
- 5. DID YOU INCLUDE YOUR CERTIFICATE OF GARAGE LIABILITY INSURANCE?
- 6. IS THE NAME & ADDRESS ON YOUR CERTIFICATE OF INSURANCE EXACTLY THE SAME AS IT APPEARS ON YOUR APPLICATION?
- 7. IS THE TENNESSEE MOTOR VEHICLE COMMISSION LISTED AS THE CERTIFICATE HOLDER ON THE CERTIFICATE OF INSURANCE?
- 8. DID YOU INCLUDE A COPY OF YOUR STATE SALES TAX CERTIFICATE OF REGISTRATION?
- 9. DID YOU INCLUDE A COPY OF YOUR COUNTY BUSINESS TAX LICENSE? CITY BUSINESS TAX LICENSE?
- 10. DID YOU INCLUDE A COPY OF YOUR ZONING LETTER?
- 11. DID YOU REMEMBER TO PRINT DIGITAL PHOTOS ON 8.5 x 11 PAPER, OR ATTACH PHOTOS TO 8.5 x 11 PAPER?
- 12. DID YOU INCLUDE A COPY OF YOUR FINANCIAL STATEMENT PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT?
- 13. HAVE YOU INCLUDED A COMPLETED COPY OF THE ELIGIBILITY VERIFICATION FOR ENTITLEMENTS ACT ATTESTATION FORM?
- 14. IF A CORPORATION, LLC, LLP, OR LP DID YOU INCLUDE A COPY OF YOUR CORPORATE CHARTER FILED WITH THE TENNESSEE SECRETARY OF STATE'S OFFICE? IF AN OUT OF STATE CORPORATION, DID YOU ATTACH A COPY OF THE "CERTIFICATE OF AUTHORITY" TO ENGAGE IN BUSINESS IN TENNESSEE?
- 15. IF YOU ARE A FRANCHISED DEALER, DID YOU REMEMBER TO SUBMIT A COPY OF YOUR LABOR RATE FORM?
- 16. HAVE YOU INCLUDED A COPY OR COPIES OF YOUR FRANCHISED LETTER(S) OR AGREEMENTS? IS THE RELEVANT MARKET AREA (RMA) DEFINED?
- 17. IF YOU WERE CONVICTED OF A CRIME, HAVE YOU INCLUDED COMPLETE COPIES OF ALL FINAL JUDGMENTS, CERTIFIED BY THE COURT, FOR ALL CONVICTIONS DETAILING DATES AND COURT JURISDICTIONS OF SUCH CONVICTIONS, AND IF APPLICABLE, DOCUMENTATION OF YOUR TERMS OF RELEASE?
- 18. IF YOU ARE UTILIZING A FLOOR PLAN SOURCE, HAVE YOU INCLUDED THE DEALER FLOOR PLAN FORM WITH THIS APPLICATION?

**APPLICATIONS WILL NOT BE CONSIDERED FOR LICENSURE UNTIL ALL INFORMATION IS EXACT AND COMPLETED IN ITS ENTIRETY.**



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
REGULATORY BOARDS DIVISION  
TENNESSEE MOTOR VEHICLE COMMISSION  
500 JAMES ROBERTSON PARKWAY  
DAVY CROCKETT TOWER  
NASHVILLE, TENNESSEE 37243**

**Eligibility Verification for Entitlements Act Attestation Instructions**

**INSTRUCTIONS:** If you are a natural person applying for a license, registration, certification or other benefit you must:

1. Attest, under penalty of perjury, to your status as either a United States citizen, a qualified alien as defined in Tennessee's Eligibility Verification for Entitlements Act, or a foreign national not physically present in the United States, by selecting your status in Part A below signing on the line labeled "Applicant's Signature," printing your name on the line labeled "Printed Name" and putting the current date on the line labeled "Date."

**AND**

**Do one (1) of the following:**

2. If you are claiming United States citizenship, present one (1) of the forms of identification provided for in Part B below. **If you provided your Social Security Number as part of your application for licensure, registration, certificate or other benefit, no additional documentation is required; however, please be aware that efforts may be made to verify any such number.**
3. If you are claiming qualified alien status, you **MUST** present two (2) forms of documentation (front and back) of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program, as provided in Part C below. **(Failure to provide two forms of documentation as described will result in a delay to determining eligibility for licensure.)**
4. If you are claiming qualified alien status but you are unable to present two (2) forms of documentation provided for in Part C of this form, then you shall present at least one (1) such document that shall then be verified through the SAVE program.  
or
5. If you are claiming you are foreign national not physically present in the United States, contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.

**Eligibility Verification for Entitlements Act Attestation****TENNESSEE MOTOR VEHICLE COMMISSION****Part A. Eligibility Verification for Entitlements Act Attestation**

I hereby attest under penalty of perjury that I am (select one):

\_\_\_\_\_ A United States citizen;

\_\_\_\_\_ A qualified alien as defined in Tenn. Code Ann. § 4-58-102;<sup>1</sup>

**Driver's license and Social Security card are not acceptable documentation under part C below.**

\_\_\_\_\_ A foreign national not physically present in the United States. Further, I understand that should I ever become physically present in the United States while I hold this license, registration, certification or other benefit I agree to immediately contact the issuing agency and provide documentation to confirm my status as a qualified alien.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Name of Dealership/License Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer or Agent Signature

**Submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification or other benefit issued to the applicant. A person who willfully makes a false, fictitious or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, T.C.A. §§ 4-18-101, *et seq.***

<sup>1</sup> Qualified alien means "A qualified alien as defined by 8 U.S.C. § 1641(b)" or "An alien or nonimmigrant eligible to receive state or local public benefits under 8 U.S.C. § 1621(a)." Pursuant to those statutes, this includes, but is not necessarily limited to:

- An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.];
- An alien who is granted asylum under section 208 of the Immigration and Nationality Act [8 U.S.C. § 1158];
- A refugee who is admitted to the United States under section 207 of the Immigration and Nationality Act [8 U.S.C.A. § 1157];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182(d)(5)] for a period of at least 1 year;
- An alien whose deportation is being withheld under section 243(h) of the Immigration and Nationality Act [8 U.S.C. § 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of the Immigration and Nationality Act [8 U.S.C. § 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208);
- An alien who is granted conditional entry pursuant to section 203(a)(7) of the Immigration and Nationality Act [8 U.S.C. § 1153(a)(7)] as in effect prior to April 1, 1980;
- An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980);
- A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. §§ 1101, *et seq.*];
- An alien who is paroled into the United States under section 212(d)(5) of the Immigration and Nationality Act [8 U.S.C. § 1182 (d)(5)] for less than one year.

**Eligibility Verification for Entitlements Act Additional Required Documentation**

**Part B. If you are claiming United States citizenship, you must present one (1) of the following:**

- A valid Tennessee driver license or photo identification license issued by the Department of Safety;
- A valid driver license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- An official birth certificate issued by a state, jurisdiction or territory of the United States, including Puerto Rico, United States Virgin Islands, Northern Mariana Islands, American Samoa, Swains Island, or Guam; provided that Puerto Rican birth certificates issued before July 1, 2010, shall **not** be recognized;
- A United States government-issued certified birth certificate;
- A valid, unexpired United States passport;
- A United States certificate of birth abroad (DS-1350 or FS-545);
- A report of birth abroad of a citizen of the United States (FS-240);
- A certificate of citizenship (N560 or N561);
- A certificate of naturalization (N550, N570 or N578);
- A United States citizen identification card (I-197, I-179);
- Any successor document of those listed at Tenn. Code Ann. §§ 4-58-103(c)(4)-(9); or
- **A social security number that may be verified with the Social Security Administration in accordance with federal law (if you provided your social security number as part of your application for licensure, no additional documentation is required; however, please be aware that efforts may be made to verify any such number).**

**Part C. If you are claiming qualified alien status, you must present two (2) forms of documentation of identity and immigration status, as determined by the United States Department of Homeland Security to be acceptable for verification through the SAVE program. Such forms of identification may include:**

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card);
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Certificate of Citizenship;
- Naturalization Certificate;
- Machine Readable Immigrant Visa (with Temporary I-551 Language);
- Temporary I-551 Stamp (on passport or I-94);
- Unexpired Foreign Passport;
- WT/WB Admission Stamp in Unexpired Foreign Passport
- I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status);
- DS-2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status);
- Any other document determined by the U.S. Department of Homeland Security to be acceptable through the Systematic Alien Verification for Entitlements (SAVE) program created pursuant to the federal Immigration Reform and Control Act of 1986.

**Part D. If you are claiming qualified alien status, but you are unable to present two (2) forms of documentation as described in Part C, then you shall present at least one (1) such document as described in Part C, which shall then be verified through the SAVE program.**

**Part E. If you are claiming that you are a foreign national not physically present in the United States, please contact the program issuing the license, registration, certification or other benefit for which you are applying to provide such documentation as may be required to verify such status.**