

For ADPS Use Only:

Received by: _____

Received Date: _____

Auto Dealer Professional Services

Questions for Regulatory License Application

Instructions:

1. ALL QUESTIONS MUST BE FILLED OUT. ANY INFORMATION LEFT OUT WILL RESULT IN LICENSE APPLICATION NOT BEING COMPLETED.
2. ALL INFORMATION MUST BE PRINTED OR TYPED AND IT MUST BE LEGIBLE. IF WE CANNOT READ IT, WE CANNOT ENTER IT.
3. A FRONT AND BACK COPY OF CURRENT DRIVER'S LICENSE FOR ALL OWNERS, PARTNERS, CORPORATE OFFICERS, OR MEMBERS MUST BE INCLUDED TO COMPLETE APPLICATION.
4. THE FEES ARE AS FOLLOWS:
 - a. Wholesale Used Car Dealers: _____ \$115.00
 - b. Wholesale Used Car Dealers & Reconditioners: _____ \$125.00
 - c. Retail Used Car Dealers: _____ \$125.00
 - d. Retail Used Car Dealers & Reconditioners: _____ \$135.00
 - e. Retail Used Car Dealers, Reconditioners, & Rebuilders: _____ \$145.00
5. IF RETAIL DEALER, PICTURES OF LOT AND SIGN MUST BE INCLUDED.
6. IF YOU WISH TO PAY VIA CREDIT CARD FILL OUT THE LAST PAGE & SIGN.
7. ONCE AGAIN, ALL INFORMATION MUST BE LEGIBLE.

I have read and understand the instructions written above. (Initial) _____

Auto Dealer Professional Services is not responsible for incorrectly entered information, and offers no guarantee that a license can be obtained by any individual or corporation. All applications will be processed in the order that they are received.

Business Information: (Circle One)

New in Business Renewal (Current Reg. Lic.. #) _____

Organization Type (Circle One)

Sole Proprietorship Partnership LLC Corporation

First, Middle, & Last Name: _____

DBA: _____

Sales Tax #: _____

FEIN #: _____

Contact Information:

Mailing Street Address: _____

City: _____

County: _____

State: _____ **Zip:** _____

Phone #: _____ **Email:** _____

License Category (circle as many as applicable)

Used Motor Vehicle Dealer Used Motor Vehicle Wholesaler

Used Motor Vehicle Reconditioner Used Motor Vehicle Rebuilder

New Motor Vehicle Dealer

Garage Liability Insurance Policy Information

Insurance Company: _____

NAIC #: _____ Agent License #: _____

Policy #: _____ Exp. Date: _____

Policy Limits: _____

Annual Premium: _____

Bonding Company Information

Surety Bond Company: _____

Surety Bond Location- City: _____ State: _____

Date of Surety Bond: _____ Bond #: _____

Information for ALL Owners, Partners, Corporate Officers, or Members

Name: _____

SSN: _____ Driver's License State: _____ Driver's License #: _____

Driver's License Exp. Date: _____ DOB: _____

Home Street Address: _____

State: _____ County: _____ Zip: _____

Home Phone: _____ Position: _____

Name: _____

SSN: _____ Driver's License State: _____ Driver's License #: _____

Driver's License Exp. Date: _____ DOB: _____

Home Street Address: _____

State: _____ County: _____ Zip: _____

Home Phone: _____ Position: _____

Name: _____

SSN: _____ Driver's License State: _____ Driver's License #: _____

Driver's License Exp. Date: _____ DOB: _____

Home Street Address: _____

State: _____ County: _____ Zip: _____

Home Phone: _____ Position: _____

Name: _____

SSN: _____ Driver's License State: _____ Driver's License #: _____

Driver's License Exp. Date: _____ DOB: _____

Home Street Address: _____

State: _____ County: _____ Zip: _____

Home Phone: _____ Position: _____

Name: _____

SSN: _____ Driver's License State: _____ Driver's License #: _____

Driver's License Exp. Date: _____ DOB: _____

Home Street Address: _____

State: _____ County: _____ Zip: _____

Locations

Primary Location:

Physical Street Address: _____

State: _____ City: _____ County: _____ Zip: _____

Phone #: (_____) _____

Secondary Locations:

Physical Street Address: _____

State: _____ City: _____ County: _____ Zip: _____

Phone #: (_____) _____

Auto Dealer Professional Services

P.O. Box 661255

Birmingham, AL 35266

Authorization to Charge in Office or via Phone

Customer's Business Name: _____

Cardholder's Name: _____

Credit Card Number: _____

Expiration Date: _____ Card Type: _____

Security Number (3 or 4 digit number on back of card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Type of License(s) Needed: _____

Amount Due: _____

Signature: _____ Date: _____