

APPLICATION FOR OWNERSHIP CHANGE

This transfer application for a Vehicle Dealer License will not be considered unless **attached to an original application form D-17**. The applications must be completed in full, signed and returned with the appropriate fee, to the above address. Attention: Dealer Licensing.

Change of Ownership:

- Owner is being deleted due to death. *Please provide a copy of the death certificate.*
- Owner is being deleted and transferring ownership to an existing member of the business.
In addition to the (D-23) Transfer of Ownership, a complete original application (D-17), Certificate of Insurance, Surety Bond
- Transferring the dealership to new owners.
*In addition to the (D-23) Transfer of Ownership, a complete original application (D-17), all required documents and appropriate fees from the new ownership is required. **New & Used Vehicle Dealers:** We must have a current franchise agreement on file from each manufacturer listed on page two of the application. (If business name and/or address changes, a new Dealer Number will be issued.)*
- Adding additional owners or corporate officers. (see back)

TO BE COMPLETED BY THE SELLER OR REMOVING AGENT:

We, holder of dealer license D-_____ hereby apply for ownership transfer of our business to the below signed purchaser/member.

FROM: _____
Current Dealer Business Name including dba

Street _____ City _____ County _____ State _____ Zip _____

Selling/Removing Dealer Signature (Owner or Authorized Representative) Print Name Date

**By my signature I swear or affirm that this is a true and correct statement.
I am aware that the law provides severe penalties for making false statements under oath.**

TO BE COMPLETED BY THE PURCHASER OR RETAINING AGENT:

We, the undersigned, do hereby apply for the ownership transfer to our business name as indicated below:

TO: _____
New Dealer Business Name including dba

Street _____ City _____ County _____ State _____ Zip _____

Email Address Business Phone Fax Number

Purchasing/Retaining Dealer Signature (Owner or Authorized Representative) Print Name Date

**By my signature I swear or affirm that this is a true and correct statement.
I am aware that the law provides severe penalties for making false statements under oath.**

To add owner(s) or corporate officers, the following information must be completed. When adding a partner, 3 credit references with complete addresses must be provided on the references business letterhead.

***If adding an owner changes the entity model of the dealership, additional documents may be required.**

SSN # _____ DOB ____/____/____ Driver's License # _____

Sex: Male Female Owner Type: Officer Partner Individual Member

Name _____
Last First Middle

Residence Address _____
Street City County State Zip

Residence Phone # _____ Cell Phone # _____

SSN # _____ DOB ____/____/____ Driver's License # _____

Sex: Male Female Owner Type: Officer Partner Individual Member

Name _____
Last First Middle

Residence Address _____
Street City County State Zip

Residence Phone # _____ Cell Phone # _____

SSN # _____ DOB ____/____/____ Driver's License # _____

Sex: Male Female Owner Type: Officer Partner Individual Member

Name _____
Last First Middle

Residence Address _____
Street City County State Zip

Residence Phone # _____ Cell Phone # _____

SSN # _____ DOB ____/____/____ Driver's License # _____

Sex: Male Female Owner Type: Officer Partner Individual Member

Name _____
Last First Middle

Residence Address _____
Street City County State Zip

Residence Phone # _____ Cell Phone # _____