Department of Commerce & Insurance

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

FOR OFFICE USE ONLY

LICENSE TYPE _____2706_____
TRANSACTION TYPE _3010_____
FILE NUMBER _____
ENTITY NUMBER _____
APPLICATION NUMBER _____
AMOUNT PAID _____

DISMANTLER & RECYCLER 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, 5TH FLOOR
NASHVILLE, TN 37243-1153
PHONE 615.741.2711
FAX 615.741.0651
tn.gov/commerce/section/motor-vehicle
tn.gov/commerce/topic/mvc-rules-and-laws

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

☐ **ORIGINAL APPLICATION** ☐ **RELOCATION APPLICATION (PREVIOUS LICENSE NUMBER #_____)**

CHECK ONE	
☐ SOLE PROPRIETORSHIP	☐ PARTNERSHIP
☐ CORPORATION	☐ LLC
☐ LP	☐ LLP

APPLICATION IS HEREBY MADE FOR AN AUTOMOTIVE DISMANTLER AND RECYCLER LICENSE TO ENGAGE IN THE BUSINESS OF SELLING PARTS FROM SALVAGED MOTOR VEHICLES IN THE STATE OF TENNESSEE IN COMPLIANCE WITH THE PROVISIONS OF T.C.A. TITLE 55, CHAPTER 17.

(PRINT LEGIBLY IN BLACK INK)

PLEASE COMPLETE THE FOLLOWING SECTION

FIRM NAME (FULL NAME OF ENTITY TO BE LICENSED)			
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

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 %

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 CORPORATIONS (DOMESTIC & FOREIGN), LLCs, LLPs, and LPs

1. STATE OF INCORPORATION_____
2. DOMESTIC (TENNESSEE) – YOU MUST PROVIDE A COPY OF THE CHARTER, INCLUDING ANY AMENDEMENTS. (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.

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					

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 A TENNESSEE DISMANTLER AND RECYCLER LICENSE.

(PHOTOS ARE REQUIRED TO BE ATTACHED AND ARE TO BE PRINTED ON 8.5 x 11 PAPER OR AFFIXED TO A SHEET OF 8.5 x 11 PAPER. PLEASE REFER TO THE ATTACHED MINIMUM REQUIREMENTS FOR TENNESSEE DISMANTLER AND RECYCLER LICENSE FOR FURTHER DETAILS.)

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

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE PERSON AUTHORIZED AS DESIGNEE FOR THE BUSINESS. FAILURE TO PROPERLY COMPLETE THIS APPLICATION WILL DELAY THE APPLICATION REVIEW PROCESS.

Is the dismantling and recycling of motor vehicles the principal business at the location named in this application?	YES	NO

Are you engaged in any other business which is conducted from this establishment? (If yes, please describe the secondary business in the box below)	YES	NO

DESCRIPTION OF SECONDARY BUSINESS:

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

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_____	YES	NO
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.		

Has the designee or anyone holding an ownership or financial interest in this business ever been convicted of a crime, pled nolo contendere to a crime, or been convicted of a felony?	YES	NO
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 #10 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 TCA § 55-17-114 et seq.		

Have any of the individuals, partners, or corporate officers named ever been convicted of a crime, pled nolo contendere to a crime, or been convicted of a felony?	YES	NO
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 release, if applicable. Failure to provide complete and true information as requested may result in your application being denied by the Commission pursuant to TCA § 55-17-114 et seq.		

THE FOLLOWING SECTION PERTAINS TO POSTED BUSINESS HOURS

Tenn. Comp. R. & Regs. 0960-2-.10 REASONABLE BUSINESS HOURS. ALL AUTOMOTIVE DISMANTLERS AND RECYCLERS 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

TOTAL HOURS

I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED HEREIN, 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 UNDER WHICH THIS LICENSE IS GOVERNED, AND THAT I, AS SOLE-PROPRIETOR, PARTNER, OR OFFICER OF THE CORPORATION,LLC, LLP, OR LP, HAVE THE AUTHORITY TO MAKE THE STATEMENTS CONTAINED HEREIN.

AUTHORIZED SIGNATURE	**PRINTED SIGNATURE**	**DATE**

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**

(SEAL)

PROOF OF LIABILITY INSURANCE WITH A MINIMUM COVERAGE OF $250,000.00 PER OCCURRENCE, AND EVIDENCE OF WORKER'S COMPENSATION (IF APPLICABLE) MUST BE PROVIDED BY A CERTIFICATE OF INSURANCE. THIS INSURANCE MUST REMAIN IN FORCE FOR AS LONG AS THE LICENSEE IS LICENSED. THE TENNESSEE MOTOR VEHICLE COMMISSION, AT THE ADDRESS LISTED ON THIS APPLICATION, MUST BE SHOWN AS THE CERTIFICATE HOLDER.

APPLICATION CHECKLIST

MAIL APPLICATION, ATTACHMENTS, AND FEE TO THE TENNESSEE MOTOR VEHICLE COMMISSION, 500 JAMES ROBERTSON PARKWAY, 5TH 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 A COPY OF THE NPDES PERMIT?**
- ☐ **4. DID YOU INLCUDE A COPY OF THE TDOT BEAUTIFICATION LETTER?**
- ☐ **5. DID YOU INCLUDE YOUR CERTIFICATE OF 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. HAVE YOU INCLUDED A COMPLETED COPY OF THE ELIGIBILITY VERIFICATION FOR ENTITLEMENTS ACT ATTESTATION FORM?**
- ☐ **13. 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?**
- ☐ **14. IF YOU WERE CONVICTED OF A FELONY, CRIME OR PLED NOLO CONTENDERE TO A CRIME, HAVE YOU INCLUDED A COMPLETE LIST OF ALL FINAL JUDGMENTS FOR ALL CONVICTIONS AND NOLO CONTENDERE PLEAS DETAILING DATES AND COURT JURISDICTIONS OF SUCH CONVICTIONS, ALONG WITH A COPY OF YOUR TERMS OF RELEASE?**

PLEASE REFER TO THE MINIMUM REQUIREMENTS FOR TENNESSEE DISMANTLER AND RECYCLER LICENSE ATTACHMENT FOR ASSISTANCE IN COMPLETING YOUR APPLICATION.

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