



AUTOMOTIVE SALVAGE RECYCLER LICENSE APPLICATION

State Form 40248 (R14 / 8-18)

**INDIANA SECRETARY OF STATE
AUTO DEALER SERVICES DIVISION**
 302 West Washington Street, Room E-111
 Indianapolis, IN 46204
 Telephone: 317-234-7190
 Fax: 317-233-1915
Dealers@sos.in.gov

- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed form.
 2. Submit the completed form to the Auto Dealer Services Division by mail, fax, hand delivery, or scan and e-mail using the applicable address found in the top right corner of this form.
 3. You must also submit the applicable fee under IC § 9-32-9-3(c) by mail or hand-delivery to the address found in the right top corner of this form. A list of fees is available at <http://www.in.gov/sos/dealer/4257.htm>. Checks should be made payable to the Indiana Secretary of State. The fee does not need to be submitted simultaneously with the application, but your application cannot be processed until payment is made.
 4. You must include the following with your completed application:
 - a. Retail Merchant Certificate
 - b. Proof of bond
 - c. Proof of liability insurance or membership in a risk retention group under IC § 9-32-11-14
 - d. A completed zoning affidavit as required by IC 9-32-9-3
 - e. If organized as a corporation, LLC, LLP, or LP, you must include your Certificate of Existence and, if applicable, Certificate of Assumed Name. Foreign entities must include their Certificate of Authority or Registration, whichever is applicable.
 - f. If organized as a partnership or sole proprietor, you must include your Certificate of Assumed Name.

SECTION 1- Information about your Business / Owner(s)						
1. Name in which the Automotive Salvage Recycler license will be issued (DBA Name)			2. Web Address of your business			
3. Business Telephone Number ()		Alternate Telephone Number ()		Fax Number ()	E-mail Address	
4. Address of Established Place of Business (number and street)			City	State	ZIP code County	
5. If your business is in a rural location, please provide directions to your business.						
6. Federal identification number (FID)		7. Retail Merchant Number (TID)		Retail Merchant Location Number (LOC)		
8. The established place of business location is: <input type="checkbox"/> Leased <input type="checkbox"/> Owned			If leased, name of lessor		E-mail address of lessor	
8a. Address of lessor (number and street)		City	State	ZIP code	Telephone number of lessor ()	
9. Type of Business Entity <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						
9a. Name of Business Entity (if differs from box 1)		Address (number and street)		City	State	ZIP code
9b. If corporation, LLC, LP or LLP, give date and state of incorporation / organization / registration: Date of incorporation / organization / registration (mm/dd/yyyy): _____ State of incorporation / organization / registration: _____						
10. State the name and address (must be within Indiana) of the person upon whom legal services of process may be made and his/her title or relationship to applicant:						
Name		Address (number and street)		City	State IN	ZIP code
Title / Relationship to Applicant						
11. Owners / Officers / Partners Who Will Appear on License Check only three to be listed on the license. Attach additional sheets, if necessary.						
11a. Name of Primary Owner			Title		Listed on license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address		Last 4 digits of Social Security number XXX-XX-		Year of Birth		
Address (number and street)				Contact number ()		
City		State		ZIP code		
11b. Name of Owner			Title		Listed on license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address		Last 4 digits of Social Security number XXX-XX-		Year of Birth		
Address (number and street)				Contact number ()		
City		State		ZIP code		

11c. Name of Owner		Title	Listed on license? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail Address	Last 4 digits of Social Security number XXX-XX-	Year of Birth	
Address (number and street)		Contact number ()	
City	State	ZIP code	

12. Questions

12a. Has any owner, corporate officer, or partner owned or worked for another Automotive Salvage Recycler in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12a. If yes, name of individual (individual one)		Name of Automotive Salvage Recycler	
Address of dealership (number and street)		City	State
			ZIP code
12a. If yes, name of individual (individual two)		Name of Automotive Salvage Recycler	
Address of dealership (number and street)		City	State
			ZIP code
12b. Has any owner, corporate officer, or partner on the application had an Automotive Salvage Recycler or other dealer license suspended or revoked or had an application for an Automotive Salvage Recycler license denied in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes, please give details.

SECTION 2 - Information about your Business

13. Name of Insurance Carrier or Risk Retention Group		Policy number	Date of expiration (mm/dd/yyyy)
14. Name of bond carrier		Bond number	Date of expiration (mm/dd/yyyy)
15. Select the function(s) for which you wish to be licensed: <input type="checkbox"/> Recycling facility <input type="checkbox"/> Salvage rebuilder <input type="checkbox"/> Used parts dealer <input type="checkbox"/> Hulk crusher <input type="checkbox"/> Automobile scrap yard <input type="checkbox"/> Scrap metal processor			
16. Select the activities to be conducted at this location			
<input type="checkbox"/> Selling used major component parts of vehicles; <input type="checkbox"/> Wrecking, dismantling, shredding, compacting, crushing, or otherwise destroying motor vehicles for resale of their major component parts; <input type="checkbox"/> Rebuilding wrecked or dismantled motor vehicles for resale; <input type="checkbox"/> Possessing, for more than thirty (30) days, two (2) or more inoperable vehicles subject to registration without a mechanic's lien; <input type="checkbox"/> Engaging in the business of storing, disposing, salvaging or recycling of motor vehicles, vehicle hulks or the parts of motor vehicles; <input type="checkbox"/> Disposing of recyclable materials to a scrap metal processor or other appropriate facility.			

17. Anticipated Hours of Operation:

- Monday _____ to _____
- Tuesday _____ to _____
- Wednesday _____ to _____
- Thursday _____ to _____
- Friday _____ to _____
- Saturday _____ to _____
- Sunday _____ to _____

SECTION 3 - Signature

I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct.

Signature of applicant		Date (mm/dd/yyyy)
Printed or typed name	Title	