



AUTOMOTIVE SALVAGE RECYCLER LICENSE APPLICATION

State Form 40248 (R11 / 11-16)
Approved by State Board of Accounts, 2016

**INDIANA SECRETARY OF STATE
AUTO DEALER SERVICES DIVISION**
302 West Washington Street, Room E-018
Indianapolis, IN 46204
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 email. You must also submit the applicable fee to the Auto Dealer Services Division under I.C. § 9-32-9-3. **A list of fees can be found at <http://www.in.gov/sos/dealer/4257.htm>.**
 3. You must include your Retail Merchant Certificate and proof of bond and proof of liability insurance or membership in a risk retention group under I.C. § 9-32-11-14 with your completed application.

| SECTION 1- Information about your Business / Owner(s) | | | | | |
|--|--|--|---------------------------------|---------------------------------------|-----------------------------------|
| 1. Name in which the Automotive Salvage Recycler license will be issued | | | 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 |
| Title / Relationship to Applicant | | | | | |
| 11. Owners / Officers / Partners Who Will Appear on License (only the first three will appear on the license). Attach additional sheets, if necessary. | | | | | |
| 11a. Name of Primary Owner | | | Title | | |
| 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 | | |
| 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 | | |
| 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? Yes 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? Yes 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: Recycling facility Salvage rebuilder Used parts dealer Hulk crusher
 Automobile scrap yard Scrap metal processor

16. Select the activities to be conducted at this location

- Selling used major component parts of vehicles;
- Wrecking, dismantling, shredding, compacting, crushing, or otherwise destroying motor vehicles for resale of their major component parts;
- Rebuilding wrecked or dismantled motor vehicles for resale;
- Possessing, for more than thirty (30) days, two (2) or more inoperable vehicles subject to registration without a mechanic's lien;
- Engaging in the business of storing, disposing, salvaging or recycling of motor vehicles, vehicle hulks or the parts of motor vehicles;
- 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 |