



AUTOMOTIVE SALVAGE RECYCLER LICENSE APPLICATION

State Form 40248 (R13 / 12-17)
Approved by State Board of Accounts, 2018

**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 ZIP code
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)
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Printed or typed name	Title
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