

MOTOR VEHICLE DEALER CERTIFICATION FORM

Name of Business: _____

Business Address: _____

(ATTACH COPY OF CURRENT REPAIR LICENSE TO THIS CERTIFICATION FORM)

This is to certify that I have access to repair facilities as required by the Registry of Motor Vehicles.

I, _____, do hereby state:

I SPECIFICATION OF FACILITY

A. I maintain or have access to a repair facility which is in an enclosed structure with an interior workspace and which is of the following dimensions:

- (a) a length which exceeds by ten (10) feet the length of the longest motor vehicles subject to repair;
- (b) a width which exceeds by five (5) feet the widest motor vehicles subject to repair.

NAME OF REPAIR FACILITY: _____

OWNER OF REPAIR FACILITY: _____

LOCATION OF REPAIR FACILITY: _____

Any change in the repair facility as named above must be reported to the License Commission within 21 days.

II. I understand that the repair facility which I operate or have access to must maintain in proper working condition, tools and equipment necessary for the adequate repair and maintenance of a motor vehicle and be properly licensed.

III. I understand that this affidavit is part of my application and that any false statements made herein may be grounds for revocation or denial of my Class II license.

Signed under the pains and penalties of perjury:

_____, 200_____
Date

Signature

