
STATE OF NEW JERSEY

Enclosed are applications and supplemental forms necessary to apply for a motor vehicle leasing license. If you lease vehicles for a period of 120 days or more you must be licensed.

Each applicant for a motor vehicle leasing license shall have established and maintained a place of business at the time such license is issued. An established place of business must have an exterior sign and be in conformance with all municipal requirements. No license approval will be granted when the applicant intends to use the premises of a currently licensed dealer or the premises of the proprietor of an allied business.

A licensed motor vehicle leasing firm is restricted to the leasing of motor vehicles and may only sell leased vehicles to the vehicle lessee, a family member of the lessee, an employee of the lessee or at wholesale to another dealer.

When all investigations are concluded and the applicant approved, a certified check or money order will be requested, as well as a current insurance certificate reflecting liability coverage in the minimum amounts of \$100,000/\$250,000 bodily injury and \$25,000 property damage for all owned or fleet vehicles. Such insurance certificate must contain a 30-day cancellation clause.

In addition to the above, the leasing company must provide a surety bond in favor of the State of New Jersey in the amount of \$10,000. The bond must be executed by a surety company authorized to transact business in the State. The bond must be for a 12-month term and must be renewed at expiration for successive 12-month periods.

The fee for the license is \$100 plus an additional fee of \$257.50 for one set of registrations and five license plates.

If you have any questions, please call (609) 292-6500 ext.5014.

Thank you for your cooperation in this endeavor.

Business Licensing Services Bureau

(Rev. 11/11)

On the Road to Excellence
Visit us at www.njrmvc.gov
New Jersey is an Equal Opportunity Employer



New Jersey Motor Vehicle Commission



Trenton, New Jersey 08666

STATE OF NEW JERSEY
Business Licensing Services Bureau
P.O. Box 171
Trenton, New Jersey 08666-0171

NOTICE

MOTOR VEHICLE INSTALLMENT SELLERS LICENSE

All licensed motor vehicle dealers who sell motor vehicles to retail buyers and who wish to execute retail installment contracts in connection with such sales shall be required to obtain a motor vehicle installment seller's license from the Commissioner of the Department of Banking.

Failure to obtain the required motor vehicle installment seller's license from the Commissioner of Banking before engaging in such business shall subject you to penalties provided by the Retail Installment Sales Act of 1960, N.J.S.A. 17:16C et.seq.

Additional information regarding this New Jersey statute and the application form to be used in applying for a motor vehicle installment seller's license must be obtained from:

**License Section
N.J. Department of Banking
P.O. Box 040
Trenton, NJ 08625-0040
609-292-5340**

NOTE: Applications for this license should be obtained as soon as possible. Timely filing and license issuance will ensure your ability to discount contracts to your financial institution or licensed sales finance lender.



APPLICATION FOR LICENSE**FOR OFFICE USE ONLY**

License No. _____

Date _____

Reg. No. _____

Approved by _____

Email _____

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code _____

1. _____

Name of Business (if corporation, corporate name)

Business phone _____

Trade Name _____

2. Please Check

☐ Corporation ☐ Partnership ☐ Proprietorship☐ Other _____

Street Address _____

City _____

Zip Code _____

County _____

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number _____

B. NJ Unemployment Registration Number _____

C. Federal Employer Identification Number _____

3. Please Check appropriate Box for License:

☐ Leasing Company☐ New & Used Motor Vehicle Dealer☐ Driving School☐ Auto Body Repair Facility☐ Moped Dealer☐ Used Motor Vehicle Dealer☐ Junkyard☐ Fleet DEIC☐ Private Inspection Facility☐ DEIC☐ Fleet Fleet Inspection Facility

4. Complete the following for proprietor, partners, or corporate officers:

Name

Title

☐ Other _____

Home Address _____

Telephone Number _____

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

☐ Yes if yes, explain:☐ No

6. Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any or the above in this or any other state and was subject to license suspension or revocation?

☐ Yes

Give name and address of person _____

☐ No

7. Have the owners, partners or corporate officers ever held any of the above licenses?

☐ Yes☐ No

If yes, please explain the type of license and license numbers _____



8. Was the license ever suspended or revoked?

If yes, explain:
☐ Yes
☐ No

9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name

If yes, explain:
☐ Yes
☐ No

10. Does any stockholder own more than 10% of the corporation's stock?

If yes, give name, address and holding
☐ Yes
☐ No

11. _____
Place of Incorporation/Formation

Date of Incorporation/Formation

Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation/Formation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate/formation papers.

12. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I _____ of the above business previously named _____
Owner, Partner, Officer, Member

and that the information I have submitted is true to the best of my knowledge.

Print Name of Applicant

Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary/Member/Partner of the above Corporation and have witnessed the signature of _____

who is _____ of said corporation.
President, Vice-President or Member

Signature of Secretary/Member/Partner

APPROVAL CERTIFICATE

I, _____ Clerk of the Municipality of _____ County of _____
(Print Name)

State of New Jersey, hereby certify that the Municipal Governing Body or Zoning Commission has approved the location, establishment and maintenance of the business checked below:

<input type="checkbox"/> Leasing Company	<input type="checkbox"/> Fleet DEIC	<input type="checkbox"/> Used Motor Vehicle Dealer
<input type="checkbox"/> Driving School	<input type="checkbox"/> New & Used Motor Vehicle Dealer	<input type="checkbox"/> Fleet Inspection Facility
<input type="checkbox"/> Moped Dealer	<input type="checkbox"/> Auto Body Repair Facility	<input type="checkbox"/> DEIC
<input type="checkbox"/> Junkyard	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Private Inspection Facility		

located at _____
Complete Address

Print Name of Municipal or Zoning Board Clerk

Signature of Municipal or Zoning Board Clerk

Date



**BUSINESS LICENSING SERVICES BUREAU
SUPPLEMENTARY APPLICATION**

BUSINESS NAME		BUSINESS PHONE #	
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY			
2. STREET ADDRESS		CITY	STATE
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?			HOME PHONE #
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.			
5. DATE OF BIRTH (MO. DAY, YEAR)		6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)	
7. SEX	8. HEIGHT	9. WEIGHT	10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)	
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.			
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE: _____ DATE _____			
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY			
2. STREET ADDRESS		CITY	STATE
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?			HOME PHONE #
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.			
5. DATE OF BIRTH (MO. DAY, YEAR)		6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)	
7. SEX	8. HEIGHT	9. WEIGHT	10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)	
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14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE: _____ DATE _____			

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date

of Birth

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Misstatements will be just cause to take administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statements may subject me to contempt of court.

Signature

Date



Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
BUSINESS LICENSING SERVICES BUREAU

TO ALL MOTOR VEHICLE DEALERS

The Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of certification as a licensed Motor Vehicle Dealership.

As part of the Business License application process, it is required that all proprietors, partners and corporate officers schedule an appointment with the State's fingerprint scan vendor **MorphoTrak** (formerly Sagem Morpho, Inc.).

All you need to do is call this toll free number **1-877-503-5981 (English or Spanish Operators)** or **TTY-1-800-673-0353 (Hearing Impaired Modem Required)** to arrange an appointment to be scanned at an established site. When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number. Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicles identification numbers:

ORIGINATING AGENCY REFERRAL NUMBER (ORI)	NJ 920530Z
AGENCY CASE NUMBER	(YOUR DRIVER LICENSE NUMBER)
CATEGORY	MVK
DOCUMENT TYPE	RB1
STATUTE	39:10-19 NJ DMV DEALER LICENSE

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 9 thru 26 as well as your driver's license number in block 7 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. You will be required to pay a one-time fee in the amount of **\$67.50** incorporating all required background checks. Payment must be made at the time of scheduling your appointment. **AT THE TIME OF SCHEDULING YOU WILL RECEIVE A RECEIPT FROM THE STATE'S VENDOR. PLEASE SUBMIT THIS RECEIPT OR A COPY OF THE RECEIPT AS PART OF YOUR BUSINESS LICENSE APPLICATION PACKAGE.**

If you have any questions concerning this procedure. Please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION
BUSINESS LICENSING SERVICES BUREAU
DEALER LICENSING SECTION
609-292-6500 ext.5014**

PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU
APPEAR TO BE FINGERPRINTED.

REV 2/12



Formerly Sagem Morpho Inc

(1) Originating Agency Number (ORI #) NJ920530Z		(2) Category MVK		(3) Statute Number 39:10-19	
(4) Reason for Fingerprinting NJ DMV DEALERS LICENSE				(5) Document Type RB1	(6) Payment: \$67.50
(7) Contributor's Case # (ENTER DRIVERS LICENSE NUMBER) DL# _____				(8) Miscellaneous LEASING DEALERSHIP	
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden Name (if married female)		(18) Place of Birth (U.S. State -for US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) Male () Female () Both ()	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native		
(25) Occupation	(26) Employer (Name) Employer Address City State Zip				

APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at www.bioapplicant.com/nj, 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 171
Trenton, New Jersey 08666-0171

BUSINESS HOURS

Name of Business _____ License No. _____

Address _____

Days Open for Business

Business Hours

Monday From _____ To _____

Tuesday From _____ To _____

Wednesday From _____ To _____

Thursday From _____ To _____

Friday From _____ To _____

Saturday From _____ To _____

Signature of Proprietor, Partner, Officer or Member _____

Date _____





New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 172, Trenton, NJ 08666-0171
(888) 486-3339 ext. 5014 toll-free in NJ
609-292-6500 ext. 5014

MVC DEALER CERTIFICATION / SIGNATURE CARD

The undersigned Licensee hereby authorizes the person(s) whose signatures appear below to act as authorized signatory as set forth in N.J.A.C.13:21-15.1

SIGNATORY # 1	NAME (PRINT IN FULL)
	ADDRESS CITY, STATE /ZIP
	HOME NUMBER
	SIGNATURE

SIGNATORY # 2	NAME (PRINT IN FULL)
	ADDRESS CITY, STATE /ZIP
	HOME NUMBER
	SIGNATURE

SIGNATORY # 3	NAME (PRINT IN FULL)
	ADDRESS CITY, STATE /ZIP
	HOME NUMBER
	SIGNATURE

SIGNATORY # 4	NAME (PRINT IN FULL)
	ADDRESS CITY, STATE /ZIP
	HOME NUMBER
	SIGNATURE

Pursuant to N.J.A.C. 13:21-15.5(a)4, the Chief Administrator may deny an application for a license, revoke or suspend a license after it has been granted or issue a cease and desist order to a licensee or to an unlicensed person or entity engaged in activities for which a license is required pursuant to N.J.S.A. 39:10-19 et seq., if one or more of the partners, officers, directors, other controlling persons, or employees of the applicant previously held a license issued under the authority of the Division or the Commission, which license was revoked for cause and never reissued or was suspended for cause and terms of suspension have not been satisfied, or have willfully violated a cease and desist order issued by the Chief Administrator.

Pursuant to N.J.A.C. 13:21-15.5(a)7, the Chief Administrator may deny an application for a license, revoke or suspend a license after it has been granted or issue a cease and desist order to a licensee or to an unlicensed person or entity engaged in activities for which a license is required pursuant to N.J.S.A. 39:10-19 et seq., if the licensee or applicant knew or should have known that any employee, partner, officer, director, owner of a controlling interest or agent of the licensee or applicant is an individual who has been convicted of a crime arising out of fraud or misrepresentation or previously held a license issued by the Director or the Commission, which license was suspended or revoked for cause and not reissued.

I have read the above regulations and certify that all of the information included herein is true to the best of my knowledge and belief. I am aware that, if any of this information is willfully false, I am subject to punishment.

Business Name (Print in full): _____ License #: _____

Licensee Name (Print): _____ Date: _____

Licensee Signature: _____ Title: _____
(Owner, Partner or Corporate Officer)

Signature card(s) must be filed for all persons authorized to act on behalf of the dealer. If you authorize any other person not listed here to execute documents or if you revoke such authority of any person listed here, you shall notify this Bureau immediately and re-submit a current signature card(s), covering all persons having authority to execute documents on half of the dealer. All signature cards prior to the most current are invalid.

BLS-20 (R 10/08)

