FULL AGENT SERVICES AGREEMENT APPLICATION FOR EXISTING AGENTS

INCOMPLETE APPLICATIONS WILL BE RETURNED

ALLOW 60 DAYS FOR PROCESSING

Type or Print Legibly

SECTION 1 – TYPE OF APPLICATION

Please check the box as an Existing Agent a new Agent Services Agreement (ASA):

☐ **Existing Agent/Renewal Application**

SECTION 2 – COMPANY INFORMATION

Federal ID Number (EIN)_____ Dealer ID Number (DIN) _____
(Enter DIN if applicable.)

Company Legal Name_____

Doing Business As (DBA)_____

Entity Type: ☐ **Corporation** ☐ **Sole Proprietorship** ☐ **Partnership**
☐ **Limited Partnership** ☐ **Limited Liability Company** ☐ **Other** _____

Address_____

City_____County_____State_____Zip_____

Company Phone Number_____ Alternate Phone Number _____

Company Email Address _____ Business Fax Number _____

Please select the appropriate box if this location is ☐ **Owned** or ☐ **Leased**.

Driver's License Data Verification (DLDV) Integrator:_____

Third-party service must be Department-approved. Does your Agent Service utilize a Document Scanning and Imaging Provider per the previous ASA – Exhibit B, Document Imaging System Requirements and Document Imaging Supplemental Business Requirements?

☐ **Yes**
☐ **No**

If yes, please provide the following for review:

Document Imaging Provider Name: _____

Address: _____

Website: _____

Phone Number:_____

SECTION 3 – OWNER/PARTNER/OFFICER INFORMATION

Owner/Partner/Officer Name_____ Position/Title_____

Responsibilities within the Service_____

Date of Birth_____Driver License/ID State_____Driver License/ID Number_____

Authorized to pick up? Yes ☐ No ☐

Address_____

City_____County_____State_____Zip_____

Business Phone Number _____ Business Fax Number_____

Email Address_____

Last Training Date _____ Training Type_____

Trainer Organization/Name_____

Owner/Partner/Officer Name_____ Position/Title_____

Responsibilities within the Service_____

Date of Birth_____Driver License/ID State_____Driver License/ID Number_____

Authorized to pick up? Yes ☐ No ☐

Address_____

City_____County_____State_____Zip_____

Business Phone Number _____ Business Fax Number_____

Email Address_____

Last Training Date _____ Training Type_____

Trainer Organization/Name_____

Make additional copies of **SECTION 3 – OWNER/PARTNER/OFFICER INFORMATION** if there is more information to report and attach it to this application with your submission.

SECTION 4 – SUPPORT STAFF INFORMATION

Name_____ Position/Title_____

Home Address _____

City_____County_____State_____Zip_____

Date of Birth_____Driver License/ID State_____ Driver License/ID Number_____

Phone Number_____Email Address_____

Last Training Date _____ Training Type _____

Trainer Organization/Name_____

Responsibilities within Service_____

_____

Authorized to pick up? Yes ☐ No ☐

Name_____ Position/Title_____

Home Address _____

City_____County_____State_____Zip_____

Date of Birth_____Driver License/ID State_____ Driver License/ID Number_____

Phone Number_____Email Address_____

Last Training Date _____ Training Type _____

Trainer Organization/Name_____

Responsibilities within Service_____

_____

Authorized to pick up? Yes ☐ No ☐

Make additional copies of **SECTION 4 – SUPPORT STAFF INFORMATION** if there is more information to report and attach it to this application with your submission.

SECTION 5 – QUESTIONNAIRE

Please complete the questionnaire below.

1. Have any owners, partners, or corporate officers of this business ever remitted uncollectible checks payable to any agency of the Commonwealth of Pennsylvania?
   - ☐ **Yes**
   - ☐ **No**

   If yes, explain._____

2. Have any owners, partners, or corporate officers filed bankruptcy within the past seven years?
   - ☐ **Yes**
   - ☐ **No**

   If yes, explain._____

3. Does your business location meet all local zoning, land use ordinances, and building codes?
   - ☐ **Yes**
   - ☐ **No**

4. Does your business meet ADA accessibility requirements?
   - ☐ **Yes**
   - ☐ **No**

5. Have all owners, partners, and officers read and understood 67 Pa. Code Ch. 53. Manufacturers, Dealers and Miscellaneous Motor Vehicle Businesses Registration Plates, and 75 Pa. C.S. Ch. 11, 13, and 23 (Vehicle Code)?
   - ☐ **Yes**
   - ☐ **No**

6. Was the location previously a vehicle dealership?
   - ☐ **Yes**
   - ☐ **No**

   If yes, please list the name of the dealership and DIN(s), if known.

   _____

7. Has this business or the owners, partners, or officers thereof ever been registered as a dealer, miscellaneous motor vehicle business, or issuing agent in this or any other state?
   - ☐ **Yes**
   - ☐ **No**

   If yes, list name(s), location(s), and Dealer/Agent/Messenger ID number(s).

   _____

   _____

8. Do any of the owners, partners, corporate officers, or any business with which they were previously affiliated have any outstanding liabilities which are due and owing to the Commonwealth of Pennsylvania or any other states or jurisdictions, including but not limited to taxes, fees, monetary penalties, or outstanding registration plates or paperwork?

   ☐ **Yes**

   ☐ **No**

   If yes, explain. _____

   _____

   _____

9. Have any owners, partners, or corporate officers of this business ever been convicted or administratively sanctioned for violations of the Department's regulations, 18 Pa C.S. (Crimes Code), or 75 Pa. C.S. Ch. 11, 13, or 23 (Vehicle Code)?

   ☐ **Yes**

   ☐ **No**

   If yes, explain. _____

   _____

   _____

10. Have any owners, partners, or corporate officers of this business ever been convicted of a felony or misdemeanor?

    ☐ **Yes**

    ☐ **No**

    If yes, explain. _____

    _____

    _____

11. Have any owners, partners, corporate officers of this business even been affiliated with a dealership, miscellaneous motor vehicle business, messenger service, or full agent whose registration was suspended, cancelled, or revoked, or is currently under investigation or notice to attend a Departmental or court hearing, or is awaiting a decision by a hearing officer of a court?

    ☐ **Yes**

    ☐ **No**

    If yes, explain. _____

    _____

    _____

SECTION 6 – NOTARIZED STATEMENT OF UNDERSTANDING OF TITLE 67 Pa. Code Ch. 43.

This page must be completed for **EACH** Owner/Partner/Officer/Employee.

I _____, certify that I have read and understand Title 67 Pa. Code Chapter 43

(Print Name of Applicant)

TEMPORARY REGISTRATION CARD AND PLATES, in its entirety.

_____ _____

(Signature of Applicant) (Date Signed)

Notary:

Witnessed before me on _____of _____in the year _____.

(Day) (Month) (Year)

_____

(Signature of Notary)

Place Notary Stamp in Box Above

Make additional copies of **SECTION 6 – NOTARIZED STATEMENT OF UNDERSTANDING OF TITLE 67 Pa. Code Ch. 43** if there is more information to report and attach it to this application with your submission.

SECTION 7 – NOTARIZED STATEMENT REGARDING MONIES OWED TO THE COMMONWEALTH

I _____, certify that neither I nor any of _____,

(Print Name of Applicant) (Print Company Name)

Owners or Officers have any outstanding liabilities or monies owed or due to the Commonwealth of Pennsylvania.

_____ _____

(Signature of Applicant) (Date Signed)

Notary:

Witnessed before me on _____of _____in the year _____.

(Day) (Month) (Year)

_____

(Signature of Notary)

Place Notary Stamp in Box Above

**** THIS PAGE MUST BE SIGNED BY THE APPLICANT AND NOTARIZED****

SECTION 8 – EMPLOYEE NOTARY REQUIREMENTS

This page must be **completed for EACH Notary** employed during the hours of operation of the agent service; attach this completed page to **a copy of the Notary Commission**.

****PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE AS NECESSARY****

If verification in lieu of notarization is used, then a notary is not required for agents with an 85, 86 or 87 DIN Number **but Provider MUST submit a written statement** that this process will be used and provide the stamp indicating the dealer name and dealer ID number. Please use the header, **SECTION 8 – DEALER VERIFICATION.**

NOTARY INFORMATION

(Print Legibly)

Notary Name_____

Notary Address _____

City _____ State _____ Zip Code _____

_____ _____

Notary Date

Place Notary Stamp in Box

ATTACH A COPY OF THE NOTARY COMMISSION TO THIS DOCUMENT

Make additional copies of **SECTION 8 – EMPLOYEE NOTARY REQUIREMENTS** if there is more information to report and attach it to this application with your submission.

SECTION 9 – APPLICANT CERTIFICATION

I_____, certify that neither I, nor any of the Owners,
(Print Name of Applicant)

Managers, Officers, or Employees of _____ have
(Print Company Name)

been convicted of a crime under Title 18 of the Pennsylvania Consolidated Statues, Annotated, or the criminal laws of the United States. Nor are any under sanction nor ever have been under sanction or investigation by the Pennsylvania Department of Transportation for violations under the Vehicle Code (75 Pa.C.S. 101 et seq.), Department regulations, nor any existing agreement with the Pennsylvania Department of Transportation.

_____ _____
(Signature of Applicant) (Date Signed)

SECTION 10 – ZONING AND BUILDING CODE COMPLIANCE STATEMENT

I_____, attest that the business identified in
(Print Name of Applicant)

Section 2 of this application meets all local zoning ordinances and building codes.

_____ _____
(Signature of Applicant) (Date Signed)

SECTION 11 – PENNSYLVANIA STATE POLICE CRIMINAL BACKGROUND CHECK

ALL Applicant(s), Owner(s), Corporate Officer(s), and Employee(s) are required to provide the results received from a Pennsylvania State Police background check with their application packet.

Please read the Agent Service Program Requirements (Exhibit B) for further details and visit the Pennsylvania State Police website to a Request a Criminal History Background Check.

Please Note: If a conviction exists, the issuing agent service must furnish the facts of the offense **AND** secure the Department's approval **BEFORE** hiring or retaining an employee.

SECTION 12 – UPDATED SECURITY PLAN

In the area provided below, please explain the Issuing Agent Service's proposal for the method of security, which it intends to use for safeguarding all supplies, products and applications both during and after business hours i.e. description of the designated secured area for storage, door design, locks, wall and ceiling construction. If you need additional space, please continue your narrative on a separate page with the header **SECTION 12 – UPDATED SECURITY PLAN Continued,** and attach it to this application for submission. **PLEASE TYPE OR PRINT LEGIBLY.**

_____

_____

_____

_____

_____

SECTION 13 – BOND INFORMATION

Business Name on Bond_____

Business Address_____

Bond Company Name_____

Bond Number _____ Bond Amount_____ Effective Date_____

Are there additional locations covered by this bond? (Check the applicable box.)

☐ **Yes.** If yes, how many locations? _____ *See below for additional instructions.

☐ **No**

Do you have any Riders to the Bond listed above? (Check the applicable box.)

☐ **Yes.** If yes, please describe:_____

☐ **No**

*If you have multiple business locations to be reported please continue the list, in the same format as above, on an additional page, with the header **SECTION 13 – BOND INFORMATION Continued**, and attach it to this application with your submission.

Attach your MV-375, Power of Attorney and any applicable Riders to the bond, to this application for submission.

SECTION 14 – TRAINING CERTIFICATES

Attach copies of the required Training Certificates for **"Agent Services Basic Title and Registration Training,"** and **"Advance Agent Service Training"** when applicable, for each Owner/Partner/Officer/ Employee processing title applications.

SECTION 15 – REQUIRED SITE PHOTOGRAPHS

If your photos are smaller than an 8 $^{1/2}$ x 11 sheet of paper, please secure them to a plain sheet of paper. Under the photo provide the location and what the photo is documenting for easy reference.

Each site is required to provide interior and exterior photos of the proposed place of business, including the following:

- ☐ Separate secure Area for storage of Pennsylvania Motor Vehicle and Driver Licensing products and forms.
- ☐ Full Picture of solid door construction with secure hinges, secured ceiling and walls, and deadbolt lock.
- ☐ If applicable, locking file cabinet or safe that is secured to the wall or floor.
- ☐ Customer counter (per updated Program Requirements in Exhibit B).
- ☐ Customer waiting area (per updated Program Requirements in Exhibit B).

SECTION 16 – CERTIFICATION

The Owner, Officer, or Authorized Signatory of the applying business shall sign this document below.

I certify, as an Owner, Officer, or Authorized Signatory, that the information provided herein is true, accurate and complete to the best of my knowledge and belief. I have read and reviewed the **Requirements Document**, **Application**, and the **Agreement**.

Company Name_____

Name & Title_____

Signature_____Date_____

Please submit one copy of the completed **application**, **photographs**, and **all other relevant attachments** via:

Email (preferred): **RA-PDAGENTCONTRACTS@PA.GOV**

OR

MAIL: **PennDOT**
Bureau of Support Services
Contracts Administration Unit
1101 South Front Street, 4th Floor
Harrisburg, PA 17104