

Manufacturer/Distributor License Application

All applicants must complete this application and submit with the appropriate fee to the above address.
Manufacturer and distributor applicants must provide the following:

<p>Manufacturer</p> <p><input type="checkbox"/> All written warranties or a statement that none are provided. <input type="checkbox"/> A certified copy of the standard written agreement with dealers. <input type="checkbox"/> A copy of the delivery and preparation obligations of dealers. <input type="checkbox"/> A copy of the manufacturer's certificate of origin (MCO). <input type="checkbox"/> Provide a Verification of Fingerprints form (DR 2197) AND either a receipt/confirmation from a 3rd party vendor OR two (2) fingerprint cards. See the Auto Industry Division website listed above for specific requirements that must be met by all applicants. <input type="checkbox"/> A copy of verifiable ID to prove lawful presence for all individuals or partners. <input type="checkbox"/> A copy of statement of foreign authority which has been filed with the Colorado Secretary of State's office. www.sos.state.co.us</p>	<p>Distributor</p> <p><input type="checkbox"/> All written warranties or a statement that none are provided. <input type="checkbox"/> A certified copy of the standard written agreement with dealers. <input type="checkbox"/> A copy of the delivery and preparation obligations of dealers. <input type="checkbox"/> A copy of the manufacturer's certificate of origin (MCO). <input type="checkbox"/> Distributor agreement with the manufacturer. <input type="checkbox"/> Name of manufacturer. <input type="checkbox"/> Colorado manufacturer license number. <input type="checkbox"/> Provide a Verification of Fingerprints form (DR 2197) AND either a receipt/confirmation from a 3rd party vendor OR two (2) fingerprint cards. See the Auto Industry Division website listed above for specific requirements that must be met by all applicants. <input type="checkbox"/> A copy of verifiable ID to prove lawful presence for all individuals or partners. <input type="checkbox"/> A copy of statement of foreign authority which has been filed with the Colorado Secretary of States office. www.sos.state.co.us</p>
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Manufacturers and Distributors must provide immediate notification to the Auto Industry Division of the appointment and/or termination of franchised dealers as well as the addition of new makes.

Check One: Manufacturer (2540) Distributor (2544) Powersport Vehicle Manufacturer (2610) Powersport Vehicle Distributor (2612)

Check One: Individual Corporation Partnership Limited Liability Company Limited Liability Partnership

Name of Applicant (Individual/Partners/Corporation/LLC/LLP)		Federal ID Number	Colorado Manufacturer Number	
Trade Name	Email Address		Business Phone	Fax Number
Business Street Address		City	State	ZIP
Mailing Address (if different)		City	State	ZIP
Name of Contact Person		Fax Number	Phone / Cell Number	

List all owners, partners, members, or stockholders and their percentage of ownership in the business (must equal 100%.) Attach additional paper if necessary.

Full Name	Date of Birth	Home Address (Street, City, State, ZIP)	Social Security #	Home Phone	% Owned

Type of Vehicles Manufactured or Distributed in Colorado:
 Car Truck Motorcycle Motor Home Trailer Dirtbike All Terrain Vehicle Snowmobiles Personal Watercraft
 Other (name and description) _____

Make of Vehicle Manufactured or Distributed in Colorado _____

Name and Dealer License Numbers of Colorado Dealers Authorized to Sell Your Motor Vehicles/Powersports Vehicle _____

Only Answer if You Manufacture/Distribute ATV'S. Do the all terrain vehicles you manufacture/distribute meet the American National Standards Institute/Specialty Vehicle Institute of America 2001 standards for four wheel all terrain vehicles equipment Yes No

Can each individual or partner provide proof of lawful US presence? Yes No

Please review emergency rules in order to understand what constitutes "Proof of Lawful Presence." SBG.Colorado.gov/AID See Licensing section.
 I hereby appoint the following as my true and lawful agent for the service of process in the State of Colorado in any action which may be hereafter commenced against me on any claim for damages alleged to have been suffered by any person by reason of the violation of any of the terms and provisions of Article 20, Title 44, C.R.S. **(The administrator of the Department of Revenue, State of Colorado may be appointed as the agent for service of process in the State of Colorado.)**

Name		Telephone Number	
Address	City	State	ZIP

All Applicants

I declare under penalty of perjury in the second degree that the statements made on this application are true and complete to the best of my knowledge and that I have authority as the owner, a member of the copartnership or as an agent of the corporation to sign this application.

Signature	Printed Name	Title	Date (MM/DD/YY)
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Make check payable to: **COLORADO DEPARTMENT OF REVENUE** The AID mailing address is listed at the top of this form. Fee Submitted \$ _____
 The physical address can be found on the AID website.

For Official Use Only

Department's Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Manufacturer Number	Date Issued (MM/DD/YY)	Fee Submitted \$ _____
Date:			