



Title Service Company License Renewal Application

Mail completed form to: 505 Marquette, NW Suite 1501, Albuquerque, NM 87102



Business Information				
1. License Number	2. Legal Name of Business Entity or Owner			
3. New Mexico Tax ID# (CRS)	4. Federal Tax ID Number	5. Mailing Address (may differ from business address)		
6. City	7. County	8. State	9. Zip Code	
10. Application Contact Person		11. Contact Person E-Mail Address		
12. Ownership Type <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation, incl. Sub-S <input type="checkbox"/> LLC <input type="checkbox"/> Trust or Estate		13. Corporation Identification Numbers: <input type="checkbox"/> NMSOS SCC# _____ <input type="checkbox"/> Partnership# _____		
14. Transactions processed using: <input type="checkbox"/> State or County-Municipal Field Office <input type="checkbox"/> Partner Office				
Primary Location - Principal Place of Business				
15. Doing Business As (DBA) Name		16. Business Telephone Number	17. Business Fax Number	
18. Physical Business Street Address				
19. City	20. County	21. State <b style="font-size: 1.2em;">NM	22. Zip Code	
23. Preferred Contact Person	24. Telephone Number	25. Business E-Mail Address		
Supplemental Location Information				
<i>Please attach a separate sheet with all requested information for each additional location.</i>				
26. Doing Business As (DBA) Name		27. Business Telephone Number	28. Business Fax Number	
29. Physical Business Street Address				
30. City	31. County	32. State <b style="font-size: 1.2em;">NM	33. Zip Code	
34. Preferred Contact Person	35. Telephone Number	36. Business E-Mail Address		
Bond Verification				
Bond Underwriting Company Information				
37. Name of Bond Underwriter		38. Business Telephone Number		
39. Mailing Address	40. City	41. State	42. Zip Code	
Bond Agency Information				
43. Name of Bond Insurance Agency		44. Business Telephone Number		
45. Mailing Address	46. City	47. State	48. Zip Code	
Bond Information				
49. Bond Number	50. Amount	51. Renewal Start Date	52. Renewal End Date	



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Entity Owner Applicant Verification

53. Ownership Type <input type="checkbox"/> Corporation, incl. Sub-S <input type="checkbox"/> LLC <input type="checkbox"/> Trust or Estate <input type="checkbox"/> Partnership <input type="checkbox"/> Other (attach explanation)	54. Legal Name of Owner Entity - not DBA, trade name or person's name		
	55. Contact Person Name	56. Telephone Number	57. % Owned by Entity
	58. Entity Address		
59. City	60. County	61. State	62. Zip Code

Individual Owner Applicant Information

63. Last Name		64. First Name		65. MI
66. Business Title	67. % Owned	68. Physical Home Address		
69. City	70. County	71. State	72. Zip Code	
73. Driver License Number	74. State of Issuance	75. Date of Birth	76. Residence Telephone # (not a business #)	

Individual Owner Applicant Information

63. Last Name		64. First Name		65. MI
66. Business Title	67. % Owned	68. Physical Home Address		
69. City	70. County	71. State	72. Zip Code	
73. Driver License Number	74. State of Issuance	75. Date of Birth	76. Residence Telephone # (not a business #)	

Individual Owner Applicant Information

63. Last Name		64. First Name		65. MI
66. Business Title	67. % Owned	68. Physical Home Address		
69. City	70. County	71. State	72. Zip Code	
73. Driver License Number	74. State of Issuance	75. Date of Birth	76. Residence Telephone # (not a business #)	

Individual Owner Applicant Information

63. Last Name		64. First Name		65. MI
66. Business Title	67. % Owned	68. Physical Home Address		
69. City	70. County	71. State	72. Zip Code	
73. Driver License Number	74. State of Issuance	75. Date of Birth	76. Residence Telephone # (not a business #)	



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License Compliance Affidavit

- A. **Any and all changes** concerning licensing requirements must be submitted to the Dealer Licensing Bureau (DLB) and must be acceptable to the DLB. Changes include but are not limited to: changes in ownership, changes of business partners, change of location, adding a supplemental location, mailing address, phone numbers, fax numbers, e-mail, tax id numbers, or your bonding company pursuant to Section 66-4-2 NMSA 1978 Department to issue license.
- B. When and if the department approves changes, **all changes** made must be reflected on all TSC invoices, and on any business sign pertaining to the business, as well as changes stated above.
- C. Bond receipt **MUST** be submitted to the DLB at 505 **Marquette NW, Suite 1501, Albuquerque, NM 87102**, within 10 business days of payment. If changing bonding company during the license year, a **NEW ORIGINAL BOND** must be submitted. Any lapse in coverage could result in your license being suspended or revoked. Bond must be continual.
- D. Temporary registration permits shall be valid for a period not to exceed thirty (30) business days from the day they are issued. Temporary permits shall not be extended nor additional permits issued except for good cause shown pursuant to Section 66-3-6 NMSA 1978 (Temporary registration permits, and demonstration permits and transportation plates).
- E. No proprietor, partner, corporate officer or operating agent has been convicted of a felony related to the use, sale or exchange of a motor vehicle since the first issuance or subsequent renewal(s) of this business license.
- F. This business maintains an established place of business, at the physical address stated in this application, which includes:
 - A place devoted exclusively to the business for which the license is to be issued and from which the principal portion of the licensee's business is conducted.
 - A prominently displayed sign giving the licensee's Doing Business As (DBA) or trade name.
 - An enclosed building on a permanent foundation which meets the requirements of the Local Zoning Ordinances, regulations and requirements.
- G. This business safely maintains at its place of business the records of the following transactions for at least 3 full calendar years:
 - Every vehicle transaction processed under the Motor Vehicle Code (MVC),
 - Every title and registration application for processing,
 - Every temporary registration permit issued by the department to the TSC and issued to a customer,
 - All completed VIN inspection forms,
 - All books, accounts and records, and
 - Any other information prescribed by the department.
- H. Applicant confirms that he or she is aware that the TSC licensee is subject to the provisions of the MVC, including specifically Sections 66-4-1 through 9 NMSA 1978 and all regulations pursuant thereto. Any TSC license issued pursuant to this application may be suspended, cancelled or revoked as a result of the failure of Licensee to comply with these provisions or other New Mexico Statutes. I understand that information discovered in such background investigation may disclose that I am not eligible for a TSC License.

Applicant hereby authorizes the NMTRD and any law enforcement agencies at its request to conduct a background investigation into my character, credit history, criminal history, employment history, motor vehicle operator's history, and tax compliance history.

I swear or affirm under penalty or perjury that the information I have provided in this document is true and correct to the best of my knowledge and belief. I swear that I am the owner, partner, corporate officer or operating agent of the business named above, that I have the authority to bind the business named above as to any representations made in this application, and that all statements made herein are true and correct to the best of my knowledge. I hereby acknowledge that any changes to the above information throughout the license year are subject to approval by the Taxation and Revenue Department-Motor Vehicle Division, Dealer Licensing Bureau.

I. _____ Applicant Full Name Printed/Typed	J. _____ Applicant Signature	K. _____ Date
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State of New Mexico
County of _____

Acknowledgement: On the _____ day of _____ (month) of _____, the above named person, either personally known to me or identified through satisfactory evidence, appeared to me and indicated that he/she signed the foregoing document voluntarily for the purposes herein.

L. _____ Signature of Notarial Official	M. _____ Place Notary Seal or Stamp Here
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N. My Commission Expires _____



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General Instructions

- These are the forms required by the Taxation and Revenue Department - Motor Vehicle Division Dealer Licensing Bureau (DLB) to apply for a renewal of a current Title Service Company (TSC).
- **Follow all instructions and read all notes contained in this document. All information will be compared to the current Dealer Licensing Bureau records for consistency and accuracy. A License will not be issued until all discrepancies are corrected. An incomplete or inaccurately completed application could delay or jeopardize processing, approval and issuance of your license.**
- The Dealer Licensing Bureau does routine background tax checks on all owners and on other businesses in which they have an ownership interest. If we find that any tax payments are not current, or that any owners or their businesses are not currently in good standing with the New Mexico Taxation and Revenue Department (TRD), the Secretary of State (SOS) and/or the MVD Partnership Management Unit; additional documentation will be required.
- If you have any questions regarding this application, please contact the New Mexico Motor Vehicle Division's Dealer Licensing Bureau at (505) 383-2316.

Deadlines

ALL TSC LICENSES ARE VALID FOR ONE (1) YEAR AND EXPIRE ON NOVEMBER 30.

The **DEADLINE DATE** to submit TSC renewal applications is thirty (30) days prior to license expiration.

License Renewal Checklist

If a box does not apply to you or your business operations (Ex: no supplemental lot) please mark N/A signifying not an applicable response. Please use this as your checklist to make sure you have included all materials and completed all applicable sections.

- Please print clearly or type. All boxes must be filled in. Failure to do so will cause the application to be returned and will delay application processing and approval.
- This document must be signed by the owner or responsible officer/agent (see Application page 3, letters I through N), and must be properly notarized. The signature will be accepted as valid only if the signer's information is completed in the Individual Owner Applicant Information section on page 2.
- Out-of-state owners of proprietorships must submit official proof from a government agency of personal income tax filed for the previous year.
- If you are exempt from taxes or CRS#, please attach government document attesting to that fact.
- Make copies of this application for your records.**
- VERIFICATION DOCUMENTS** - Provide clear copies of the following documents for the renewal license period:
 - **Business License(s)/documents** for primary and supplemental locations, i.e. license, registration, permit or letter issued by local government agency.
 - **Bond receipt(s) for renewal year.** Include receipts for separate bonds for any and all supplemental locations. Submit one type of acceptable receipt as specified in instruction #52 or original of new bond or bond rider amending bond renewal period to run continuously with the license. See Application page 3, Letter C.
 - **\$50.00 renewal application fee** (check or money order only, payable to MVD).

Send completed packet to:

Dealer Licensing Bureau
505 Marquette, NW Suite 1501
Albuquerque, NM 87102



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Page 1 Business Information

1. Enter the license number issued to you by the Dealer Licensing Bureau (DLB).
2. Enter the business name or entity. If business name is a proprietorship, enter the individual's name: first, middle initial and last name. If partnership enter business name.
3. Enter Tax number (CRS#) issued to you by the New Mexico Taxation and Revenue Department.
4. Enter Federal ID Number (FEIN) issued to you by the federal government. DO NOT enter a Social Security Number (SSN). This is required for all entities except sole proprietorships that have no employees.
5. Enter address at which the business will receive mail from the DLB.
6. City where your mailing address is located.
7. County where your mailing address is located.
8. State where your mailing address is located.
9. Zip code where your mailing address is located.
10. This person is responsible for filling out this application and providing documents required.
11. E-mail address of application contact person.
12. Check the type of ownership for your business (choose only one).
13. **ALL corporation and partnership types** enter the SCC number or partnership number issued by the New Mexico Secretary of State.
14. Check the box(es) for any office(s) (state or county-municipal, partner) used by your business to process MVD transactions.

Page 1 Primary Place of Business

Complete items 15-25 for your primary/main business location.

15. This will be the name that appears on your sign.
16. Enter a RELIABLE business number where the DLB will be able to contact you.
17. Enter a RELIABLE business fax number where the DLB will be able to contact you.
18. Address where business is physically located.
19. City where your business is physically located.
20. County where business is physically located.
21. State where your business is physically located.
22. Zip code where business is physically located.
23. The person in your office with whom the DLB can discuss all issues pertaining to your license including sensitive tax issues.
24. Reliable telephone number for the preferred contact person.
25. Reliable business e-mail for the preferred contact person.

Supplemental Location Information

26-36 follow the same instructions as 15-25 for each supplemental location at which you provide TSC services.

- See instructions page 1, License Renewal Checklist, VERIFICATION DOCUMENTS.
- If you do not have more than one location, please mark this section N/A.
- If you closed any location and have not already notified the Dealer Licensing Bureau, please provide a letter stating which location is closed, including the address and the date it was closed. Failure to provide this information will result in your application being delayed.



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Page 1 Bond

37. The name of the Bond company that carry your bond (Western, CNA, Sentry, Fidelity, etc.).
38. Bond company business telephone numbers.
- 39-42. Bond company mailing address, city, state and zip code.
43. The name of the Bond insurance agency from which you purchased your bond (Ex. Ashton, Garcia, Tooter Cosper etc.).
44. Insurance agent business telephone number.
- 45-48. Bond agent mailing address, city, state and zip code.
49. The number on your bond.
50. The amount of your bond, all TSC bonds are for \$50,000.
51. Please enter the date your bond renews for this year, **NOT** the date bond/policy was first written. All bonds should be continuous.
52. Please enter the date your bond ends for current renewal year. Do not write "continuous."
 - **DO NOT** submit a copy of original bond as proof of bond payment.
 - Submit newly purchased original bonds, signed on principal line. Bond must be continuous for the license period. See Application form, License Compliance Affidavit on page 3, letter C.
 - Choose one of the acceptable proofs of renewal payment listed below:
 - o A receipt from the bond company stating: business name, bond number, and current renewal effective beginning and ending dates.
 - o A copy of the front and back of your check cashed by the bank with an invoice stating: business name, bond number and renewal effective beginning and ending dates.
 - o A letter from the bond company, on their letterhead, acknowledging payment for bond and noting the business name, bond number and renewal effective beginning and ending dates.

Page 2 Business Information

1. Enter the license number issued to you by the DLB.
2. Enter the business name or entity. If business name is a proprietorship, enter the individual's name: first name, middle initial and last name.

Page 2 Entity Owner Applicant Information

All boxes are required for entity owner.

- **DO NOT** complete if business is a sole proprietorship.
 - An Entity Owner is any owner that is a corporation, LLC, trust, estate, partnership or other artificial legal entity. An entity owner is **NOT** an individual person or a sole proprietorship.
53. Check one box only; corporation, LLC, trust or estate, partnership, credit union or other. **NOT** a persons' name. If "other" be sure to attach explanation.
 54. Enter name of corporation, LLC, trust or estate, limited partnership or other legal entity. May be the same as #2 on page 1.
 55. Enter contact person name for the entity. Named contact person must be able to act on behalf of the business and discuss all issues, including sensitive tax issues.
 56. Enter contact person's telephone number.
 57. Enter the Entity's ownership percentage. **DO NOT** enter the contact person's percentage.
 - 58-62. Street Address, City, County, State and Zip code for the entity. May or may not be the same as primary business physical location, such as out of state owners.



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Page 2 Individual Owner Applicant Information

All boxes are required for each identified individual.

63-76 Individual Owner- Applicant Information:

- Make copies of this page and use to complete if there are more than four individual owners for your business.
- Repeat instructions 63–76 for each individual owner applicant and each authorized individual.
- Applicant Information must match the DLB records.
- ALL owner applicants with financial interest must complete this section. (Proprietors, partners, entity owners', members etc.)
- ANY individuals authorized to act on behalf of the business must complete this section.
- Individual owner percentages must total 100%.
- Individual owners with 10% or less financial interest may be entered as a single group. Enter the name and information of the entity in boxes 54 through 62 (Trust, Estate, etc.).

63. Last name of individual

64. First name of individual

65. Middle initial of individual

66. Business title

67. Enter percentage amount for those with a financial interest in the business. Enter 0% for officers and individuals who have no financial interest but do have authorization to act on behalf of the business.

68–72. Enter a residence street, county, city, state and zip code, not a business address

73. Driver License Number

74. Driver License State of Issuance

75. Enter the month/day/and year for date of birth.

76. The residence phone must be different than the business phone number.

Page 3 Business Information

1. Enter the license number issued to you by the DLB.

2. Enter the business name or entity. If business name is a proprietorship, enter the individual's name: first name, middle initial and last name.

Page 3 License Compliance Affidavit

■ Applicant Affidavit of TSC

■ Sections A-N

- Please review carefully (including paragraphs A-H), particularly the paragraph in bold print above the signature lines.
- Owner or responsible executive officer must print and sign their name and date the form. (Sections I-K.)
- The document must be notarized. (Sections L-N)