



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR CONSTRUCTION
EQUIPMENT AUCTION LICENSE**

EXACT BUSINESS NAME	BUSINESS TELEPHONE #	ALTERNATIVE TELEPHONE #
REGISTERED DBA OR TRADE NAME	FAX #	COUNTY
BUSINESS STREET ADDRESS		E-MAIL ADDRESS
CITY	STATE	ZIP CODE

INITIAL	It is understood: That a physical inspection will be performed by BMV Investigations and if the location passes the initial inspection; a permit may be issued.
INITIAL	That the business must be engaged primarily in the business of selling large construction and transportation equipment at auction, receives more than one million dollars in gross annual sales in this state, and derives not more than ten percent of the person's gross annual sales revenue in this state from the sale of motor vehicles having a gross vehicle weight rating of ten thousand pounds or less. [Ohio Revised Code (R.C.) 4517.16]
INITIAL	By the thirtieth day of April a "Construction Equipment Auction License Annual Report" form BMV 4313 shall be filed with the Bureau of Motor Vehicles. Failure to file the annual report in a timely manner may be grounds for the suspension of the auction's license until the annual report is filed.
INITIAL	Note: The issuance of a Construction Equipment Auction License does not supersede local zoning. The State of Ohio (BMV) Dealer Licensing is the regulator of motor vehicle dealers, but does not pre-empt the enforcement by local authorities of local zoning, health, or safety codes or laws. It is recommended that each applicant check zoning regulations applicable to the proposed facility with their local authority prior to making application.

FEDERAL TAX ID OR EIN #	VENDORS #
-------------------------	-----------

Make check payable to "Ohio Treasurer of State." Fees are as follows: (DO NOT SEND CASH) FEES ARE NON-REFUNDABLE

Permit	\$ 7,500.00	(Renewed every five (5) years)
---------------	-------------	--------------------------------

**You may apply for in-transit license plates to be used in conjunction with your construction equipment auction business. R.C. section 4503.33 states in part "...engaged in this state as a drive-away operator or trailer transporter or both in the business of transporting and delivering, by means of the full mount method, the saddle mount method, the tow bar method, tow-away method, or any combination thereof, or under their own power, new motor vehicles from the manufacturer or any other point of origin to any point of destination, or used motor vehicles from any individual, firm, or corporation to any point of destination, or both,...."*

To obtain an In-Transit license plate application (BMV 4366), visit our website at www.ohioautodealers.com

INITIAL	*A reasonable number of additional plates may be requested to support the motor vehicle auction license. Plates may not be used contrary to uses as specified in the R.C. 4503.33. I understand that plates used for any other purpose may be reduced or may be subject to confiscation.
---------	---

Indicate style of business

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability
<input type="checkbox"/> Partnership	<input type="checkbox"/> Business Trust	

Based on the style of business indicated, complete the corresponding section only.

Failure to complete ANY portion will delay processing of this application.

Sole Proprietor *(BCI&I Civilian background check required)*

FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

Corporation

President <i>(BCI&I Civilian background check required)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP
Vice President		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP
Treasurer		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP
Secretary		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

Any additional officers, please list on a separate sheet of paper and attach to this application.

Limited Liability

Member (owning 10% or more) <i>(BCI&I Civilian background check required)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP
Member (owning 10% or more) <i>(BCI&I Civilian background check required)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP
Member (owning 10% or more) <i>(BCI&I Civilian background check required)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP
Member (owning 10% or more) <i>(BCI&I Civilian background check required)</i>		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

If a Member is a corporation please list; the corporation's name, federal tax ID number, address and below list officer's name, address and social security number of the applicant.

*Use only if Member is a corporation.

BUSINESS NAME	FEDERAL TAX ID # (EIN)		
ADDRESS	CITY	STATE	ZIP
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP	

Any additional officers, please list on a separate sheet of paper and attach to this application.

Partnership

Partner (BCI&I Civilian background check required)		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP
Partner (BCI&I Civilian background check required)		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

If a Partner is a corporation please list; the corporation's name, federal tax ID number, address and below list officer's name, address and social security number of the applicant.

*Use only if Partner is a corporation.

BUSINESS NAME	FEDERAL TAX ID # (EIN)		
ADDRESS	CITY	STATE	ZIP
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP	

Any additional officers, please list on a separate sheet of paper and attach to this application.

Business Trust

Trustee (BCI&I Civilian background check required)		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP
Trustee (BCI&I Civilian background check required)		
FIRST NAME	MI	LAST NAME
HOME ADDRESS		SSN
CITY	STATE	ZIP

If a Trustee, is a corporation please lists the corporation's name, federal tax ID number, address and list officer's name, address, and social security number of the corporation.

*Use only if Trustee is a corporation.

BUSINESS NAME	FEDERAL TAX ID # (EIN)		
ADDRESS	CITY	STATE	ZIP
FIRST NAME	MI	LAST NAME	
HOME ADDRESS		SSN	
CITY	STATE	ZIP	

Any additional officers, please list on a separate sheet of paper and attach to this application.

BACKGROUND CHECK INFORMATION

Ohio residents who are owners, partners, president, or members owning 10% or more, and trustees **MUST** be electronically fingerprinted and applicants must request the results be sent electronically to **direct copy "BMV Dealer Licensing"** at the web check locations in order for them to be forwarded to the BMV dealer licensing section. (For a complete list of electronic fingerprinting locations in Ohio visit www.ohioattorneygeneral.gov.)

Out-of state applicants or those who qualify for electronic exemption must submit a fingerprint card, exemption form, and fingerprint card processing fee with the application for license. Call the Dealer Licensing section (614) 752-7636 to obtain a fingerprint card and exemption form.

Has the required person(s) had the Bureau of Criminal Identification and Investigations (BCI&I) electronic web check completed?
 Yes No

NOTE: Applications for a dealer license shall be denied for reasons listed in the R.C. 4517.171 which includes:

- The applicant has been convicted of **ANY** felony during the past ten (10) years.
- Any misdemeanor or felony fraudulent conviction (regardless of the conviction date) related to dealing in motor vehicles.

CONSTRUCTION EQUIPMENT AUCTION LICENSE PHYSICAL REQUIREMENTS

INITIAL	Maintains a permanent auction site within this state that is at least ninety (90) acres in size and maintains over sixty thousand (60,000) square feet of total facility space
---------	--

PHOTOS MAY BE SUBMITTED BY MAIL WITH THE APPLICATION OR BY E-MAIL TO dealerphotos@dps.state.oh.us



Please DO NOT submit an application until you meet the CONSTRUCTION EQUIPMENT AUCTION LICENSE REQUIREMENTS that have been listed above. Fees are non-refundable.

Answer each of the following questions truthfully to the best of your knowledge and as a representative of all persons listed in the ownership section.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. I, as applicant, affirm that the business listed on this application receives more than one million dollars in gross annual sales in the State, and derives not more than ten percent of the person's gross annual sales revenue in this State from the sale of motor vehicles having a gross vehicle weight rating of ten thousand pounds or less.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are you or any persons listed as owners, partners, officers, members, directors, trustee officer, member, trustee owner, partner, or director listed under another motor vehicle business entity?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you or any persons listed previously applied for a motor vehicle dealer's license, leasing license, distributor's license, auction owner's license, motor vehicle salvage dealership, motor vehicle salvage auction, motor vehicle salvage pool, construction equipment auction license or salesperson's license? (If yes, please list below)		
BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	PERMIT # – IF ISSUED
BUSINESS NAME APPLIED IN	DATE	TYPE OF LICENSE	PERMIT # – IF ISSUED

<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you or any person listed as an owner, officer, member, trustee, partner, or director ever been refused a dealer's license, had it suspended or revoked?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you or any person listed as an owner, officer, member, trustee, partner, or director ever been convicted of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you or any person listed as an owner, officer, member, trustee, partner, or director ever been convicted of an offense that was related to the selling or dealing in motor vehicles? * If answered "yes" to either question #5 or #6 above, please provide the following information: (1) <i>The courts journal entry showing the final disposition of your conviction.</i> (2) <i>The charge you were convicted of.</i> (3) <i>Please attach a short summary explaining the charge you were convicted of.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. With the exception of sole proprietors, has the applicant completed the I-9 Employment Eligibility Verification form that is required to be on file with the employer under the Immigration Reform and Control Act of 1986, 8 USC 1324a?

YOU WILL LOSE YOUR DRIVER LICENSE IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- **PROOF OF COVERAGE IS REQUIRED:** • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops • Upon traffic court appearances and • Upon random checks by the Registrar of Motor Vehicles.
- **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** • Lose his or her driver license until requirements are met on first offense, ONE YEAR on second offense and TWO YEARS on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$100.00 for first offense, \$300.00 for second offense, \$600.00 for third and subsequent offenses • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
- **ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- **IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE:** In addition to all the penalties listed above, you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- **THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.**
- **WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.**
- **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$12,500 bodily injury per person, \$25,000 injury two or more persons, and \$7,500 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

I affirm that the motor vehicles owned by this business will be insured or have other FR coverage, will not be operated without FR coverage and will not be used as commercial vehicles unless so registered.

I also affirm that all statements in the foregoing application and in any attached sheets are true and correct and that I, as owner, as a partner, an officer, member, or trustee, have authority to sign this application and to make the statements contained herein and have initialed as required.

DATE OF APPLICATION	SIGNATURE (OWNER, PARTNER, PRESIDENT, MEMBER, OR TRUSTEE) X
TITLE	PRINTED OR TYPED NAME OF SIGNER

NOTARY:

Subscribed and sworn to before me this ____ day of _____, _____ in the county of _____ State of

(SEAL)

My commission expires _____ **X** _____
SIGNATURE

**RETURN THE COMPLETED APPLICATION, PHOTOS,
OTHER SUPPORTING DOCUMENTS, AND FEES TO:**

Ohio Bureau of Motor Vehicles
Attention: Dealer Licensing Section
P.O. Box 16521
Columbus, Ohio 43216-6521

For Additional Information and Laws
Visit our Web site at www.ohioautodealers.com