



ALABAMA DEPARTMENT OF REVENUE  
MOTOR VEHICLE DIVISION

MVT 4-1  
Rev. 12/11

P.O. Box 327640 • Montgomery, AL 36132-7640  
titles@revenue.alabama.gov

Dealer Application For Designated Agent

Sections 32-8-34 and 32-20-22, Code of Alabama 1975

COMPANY NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PHYSICAL ADDRESS (notify this department immediately of address changes): \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE SALES TAX ACCOUNT NO.: \_\_\_\_\_ ACT #539 REGULATORY LICENSE NO.: \_\_\_\_\_ COUNTY OCCUPATIONAL LICENSE NO.: \_\_\_\_\_ MANUFACTURED HOME LICENSE NO.: \_\_\_\_\_

**A PHOTOCOPY OF THE QUALIFYING LICENSE(S) LISTED ABOVE MUST BE SUBMITTED WITH THIS APPLICATION**

Qualifier (qualifier 4 may only process title applications and cancellations for manufactured homes):

- 1) Individual SSN: \_\_\_\_\_
- 2) Partnership FEIN: \_\_\_\_\_
- 3) Corporation FEIN: \_\_\_\_\_
- 4) Manufactured Home Dealer FEIN: \_\_\_\_\_

| PRINCIPAL NAME(S) | TITLE | HOME ADDRESS | HOME TELEPHONE |
|-------------------|-------|--------------|----------------|
| 1                 |       |              |                |
| 2                 |       |              |                |
| 3                 |       |              |                |

DATE BUSINESS BEGAN: \_\_\_\_\_ CURRENT NUMBER OF EMPLOYEES: \_\_\_\_\_

TOTAL NUMBER OF UNITS SOLD LAST CALENDAR YEAR: \_\_\_\_\_

**NEW:** \_\_\_\_\_ **USED:** \_\_\_\_\_

(The surety bond is required to be on Department form MVT 4-5.)

A Corporate Surety Bond in the amount of **\$10,000.00**, payable to the State of Alabama, is required to qualify as a Designated Agent.

**NOTE: This is a different bond from the Automobile Dealer License Bond.**

Has the applicant ever been convicted of violating any felony provisions of Chapter 8 or 20 of Title 32, or Title 40 of the Code of Alabama 1975?  Yes  No. If the answer is yes, please explain and provide specific details on a separate page.

Has any of the principals previously been a designated agent or principal thereof?  Yes  No. If yes, list designated agent name and number: \_\_\_\_\_

The undersigned states under the penalties of perjury that all information contained in this application is true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
NAME OF FIRM

BY: \_\_\_\_\_  
SIGNATURE AND TITLE

**IF THE BUSINESS IS A PARTNERSHIP, ALL PARTNERS MUST SIGN THIS APPLICATION AS WELL AS THE BOND.**

**DEPARTMENT USE ONLY**

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
COMMISSIONER OF REVENUE

Designated Agent Number \_\_\_\_\_