

## Application for DC License Consumer Goods Repair

TO: Director, Department of Licensing and Consumer Protection

Application is hereby made for license to engage in the business of:

Motor Vehicle Repair Services

Electronics Equipment Repair Services

Date: \_\_\_\_\_

When a consumer goods repair dealer operates more than one place of business offering repair services subject to the Consumer Goods Repair Regulation, he shall obtain a separate Basic Business License with the endorsement Consumer Goods Repair for each location.

The furnishing of false, misleading or fraudulent information shall be grounds for refusal to issue or to renew a license.

1. Applicant's Name: \_\_\_\_\_
2. Applicant is an individual or a partnership, is the individual or all the partners at least 18 years old?  
Yes                      No
3. Trade name of business: \_\_\_\_\_
4. Address for which applied: \_\_\_\_\_
5. Type of license applied for:      Motor Vehicle Repair Services                      Electronics Equipment Repair Services
6. If an applicant is a corporation, give the principal officers' complete names, home phone numbers, addresses and offices held:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

7. If an applicant is a partnership, give the principal officers' complete names, home phone numbers, addresses and offices held.

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Office Held: \_\_\_\_\_

8. If an applicant is the owner, give the complete name, home phone number, and address:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

9. If an applicant is a non-resident of the District of Columbia, give the name, address and telephone number of an attorney-in-fact or a resident agent who resides or has an office in the District of Columbia, upon whom all fiducial and other process or legal notice directed to the applicant may be served.

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

10. As a non-resident, have you attached a notarized consent agreement of you resident agent?      Yes      No

11. I certify that the applicant and the applicant's principal officers are fit, willing and able to conduct the business for which the license is sought, and to comply with the Consumer Goods Repair Regulations for the District of Columbia approved March 15, 1974, other laws applicable to repair transactions and the rules, regulations and requirements of the Mayor-Commissioner thereunder.      Yes      No

An applicant shall be presumed to be of good moral character unless he has been convicted of a crime which board finds has a substantial relationship to the functions and responsibilities to be performed by a supervisory inspector and has not demonstrated good moral character subsequent to his conviction.



(The following questions are to be answered by the applicant)

12. I have read the Consumer Goods Repair Regulations and certify that based upon my belief and information, applicant or applicant's principal officer have not been engaged in extensive or continuous conduct that violates the Consumer Goods Repair Regulation of the District of Columbia, approved March 15, 1974 or other laws applicable to repair transactions. Yes      No
13. Is the name of the applicant as set forth on page 1, item 1, the true and lawful name of the applicant? Yes      No
14. Has the applicant, or the applicant's chief executive officers been convicted within the past five years of a felony or any crime involving moral turpitude? Yes      No
15. In the past five (5) years, has the District of Columbia or any jurisdiction denied, suspended or revoked any business or professional license for which you have applied or been licensed? Yes      No  
 In the past five (5) years, has any surety company declined to be surety on your bond? Yes      No  
 In the past five (5) years, has recovery been made on any bond issued in your on your behalf? Yes      No
16. Attached is a copy of the "Written Estimate and Final Bill" form I am presently using. Yes      No
17. I here file with the Consumer Goods Repair Board a corporate surety bond in the amount of: \$2,000      \$5,000

Such corporate surety bond shall serve as protection for any person aggrieved by violation of this regulation pursuant to Section 47-8234.5(c) of the DC Code.

18. I will comply with provisions of Title 34, DC Rules and Regulations Human Rights Law. Yes      No
19. In the spaces below, list each jurisdiction in which you are now doing business and each jurisdiction in which you have done business during the past five years:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. In the spaces below, list the total number of automotive and /or electronic employees:  
 Technical Repair Shop Employees: \_\_\_\_\_ Other Repair Shop Employees: \_\_\_\_\_ Total: \_\_\_\_\_
21. I certify that the average annual total electronic equipment or automotive repair shop revenue for the previous two years is \$ \_\_\_\_\_

22. I certify that all information in this application is true and correct. I am aware that, if this information becomes inaccurate after filing, I must notify the Office of Consumer Protection with an amended notification within twenty (20) calendar days of the date the information becomes available.

Authorized Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**23. FOR INTERNAL USE ONLY.** (APPLICANT - DO NOT COMPLETE THIS SECTION)

List all types of electronic equipment used in repair services:

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Clerk	Result	License Number
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Date: \_\_\_\_\_

