

Procedure For Obtaining an Electronic Issuance License

K41A REV. 11-24

State of Connecticut
DEPARTMENT OF MOTOR VEHICLES
DEALERS AND REPAIRERS LICENSING UNIT
Contact us at DMV.DR@ct.gov

INSTRUCTIONS:

In submitting your application for an electronic issuance license, please ensure that you follow the instructions herein. Your application will not be considered unless all required documentation is provided to the Department of Motor Vehicles (Department).

APPLICATION FOR ELECTRONIC ISSUANCE LICENSE (K-7(X)):

Transaction Type: Select “New License” or Change to an Existing License.” If this application is a change to an existing license, please specify the type of change on the K-7(X) Form.

Section 1 – Business Information:

1. **Name Under which Business is to be Conducted:** This is the legal licensed name of the business for which the electronic issuance license is sought, and all corresponding documents regarding the license MUST reflect this name. No business name shall include the words “Department of Motor Vehicles,” “DMV,” or other indication, representation, or appearance, that the Department is affiliated with such business.

2. **Full Address of Location for which License is Requested:** This is the EXACT address where business will be conducted.

Mailing Address if Different from Licensed Address: This is where all documentation and letters from the Department will be sent.

Copy of Driver’s License or State-Issued ID: Each individual listed on the K-7(X) Form must submit a copy of such individual’s driver’s license or state-issued identification card.

K-8X Form - Personnel Information: Owners listed on the K-7(X) Form are required to complete such form with 5 years of work history. Please attach additional pages if necessary.

K-16X Form - Statement Regarding Home State Police Background Check

K-15X Form - Security of Customers’ Records, Documents, Materials and Marker Plates completed by a principal listed on the K-7(X) Form

Corporate/Company Agent for Service of Process: If applicable, the Department’s K-198 Form must be submitted with the application. The information provided in the K-198 Form must match the record on file with the Office of the Secretary of the State.

K18X User Access Online Registration Program Requirements: (Must be signed by all licensee(s)).

Connecticut Criminal History Check: Requirement for all owners listed on the K-7(X) application. To register for your fingerprints to be taken, please visit <https://ct.flexcheck.us.idemia.io/cchrspreenroll> and enter the following Service Code: **7EE6-B5AB**

- After entering the Service Code, confirm the Fingerprint Reason by selecting the “Yes – This information looks Correct” option.
- Complete the Pre-Enrollment information as much as possible. Completion of all fields in bold font/blue highlight are mandatory to move forward with the process. After filling out all applicable fields, move to the next section by selecting the “Submit Pre-Enrollment” button at the bottom of the screen.
- ☑ After completing the pre-enrollment steps, a confirmation screen will appear confirming your registration is complete. You will also receive your Applicant Tracking Number at this juncture. **If fingerprinted in the state of Connecticut: This Tracking Number will need to be taken to your fingerprinting session. It will also be sent to the e-mail address you provided during registration.**
- ☑ Mail in submission (if applicable): Get fingerprinted on a Federal Fingerprint Card and send the fingerprint card and the registration form (with the bar code) to the address below:

CT SPBI
ATTN: Criminal Record Unit
1111 Country Club Rd
Middletown, CT 06457

The fields marked with M* are mandatory. Submission without the mandatory fields will be rejected.

<p>APPLICANT <small>* See Privacy Act Notice on Back</small></p> <p>FD-258 (Rev. 9-9-13) 1110-0046</p> <p>SIGNATURE OF PERSON FINGERPRINTED M</p> <p>RESIDENCE OF PERSON FINGERPRINTED M</p> <p>DATE M SIGNATURE OF OFFICIAL TAKING FINGERPRINTS M</p> <p>EMPLOYER AND ADDRESS Must include company name</p> <p>REASON FINGERPRINTED Criminal Justice Contractor</p>	<p>LEAVE BLANK</p>	<p>TYPE OR PRINT ALL INFORMATION IN BLACK</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">LAST NAME NAM</td> <td style="width: 33%;">FIRST NAME M</td> <td style="width: 33%;">MIDDLE NAME</td> </tr> <tr> <td>ALIASES AKA</td> <td>O R I</td> <td></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>CITIZENSHIP CTZ</td> <td>SEX M</td> <td>RACE M</td> <td>HGT. M</td> <td>WGT. M</td> <td>EYES M</td> <td>HAIR M</td> <td>DATE OF BIRTH Month Day Year M M M</td> <td>DOB</td> </tr> <tr> <td>YOUR NO. OCA</td> <td colspan="7">PLACE OF BIRTH M</td> <td>POB</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>FBI NO. FBI</td> <td rowspan="3" style="width: 30%; vertical-align: top;"> CLASS: _____ REF: _____ </td> </tr> <tr> <td>ARMED FORCES NO. MNU</td> </tr> <tr> <td>SOCIAL SECURITY NO. SOC</td> </tr> <tr> <td>MISCELLANEOUS NO. MNU</td> <td></td> </tr> </table>	LAST NAME NAM	FIRST NAME M	MIDDLE NAME	ALIASES AKA	O R I		CITIZENSHIP CTZ	SEX M	RACE M	HGT. M	WGT. M	EYES M	HAIR M	DATE OF BIRTH Month Day Year M M M	DOB	YOUR NO. OCA	PLACE OF BIRTH M							POB	FBI NO. FBI	CLASS: _____ REF: _____	ARMED FORCES NO. MNU	SOCIAL SECURITY NO. SOC	MISCELLANEOUS NO. MNU		<p>FBI</p> <p>LEAVE BLANK</p>
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Trade Name Certificate from Town Clerk: A trade name certificate is required if the business name differs from the sole proprietor, partners, or officers listed on the application. This certificate must include the signature of the town or city clerk where the business operates. If the applicant is a corporation or an LLC, a certificate of existence from the Secretary of State is also required, in addition to the trade name certificate. The trade name (DBA) must appear on all documents submitted to the Department.

Sales Tax Permit: A clear copy of your CT State Sales Tax Permit must be submitted with this application. A permit must be obtained by contacting the State of CT Department of Revenue Services, 450 Columbus Blvd, Ste. 1, Hartford, CT 06103-1837. The information on the Sales Tax Permit needs to match the location and business address listed on the application.

Copy of Out of State Dealer License (Out-of-State Dealer only)

Certificate of Existence (LLC or Corporation): This is obtained from the Office of the Secretary of the State.

Operating Agreement (LLC only): If your LLC, as defined in section 34-243a of the Connecticut General Statutes, consists of two or more members, the operating agreement for the business must be submitted with the application.

Certificate of Organization and all Amendments (LLC only): If your organization is an LLC, a Certificate of Organization, as defined in section 34-243a of the Connecticut General Statutes, must be submitted with the application.

Surety Bond: You must submit a separate K-158X Form for each bond type listed below.

Type of Bond	Bond Amount
Customer Indemnity	\$20,000
Marker Plate	\$20,000
Registration and Title Fees	\$5,000

License Fee in the amount of \$250.00 made payable to the "CT Department of Motor Vehicles."

PLEASE NOTE: An electronic issuance license must be renewed biennially and accompanied by a fee of \$250.00. Licenses renewed after the applicable expiration date will be subject to a late fee of \$100.00. Licensees are not permitted to operate their business unless there is an active (i.e., unexpired) license on file with the Department. **Any license that has been expired for more than forty-five days will not be renewed.**