

IMPORTANT NOTICE REGARDING COMMON OWNERSHIP OF MOTOR VEHICLE DEALER LOCATIONS

This is to inform you that beginning July 1st, 2018, Motor Vehicle Dealers ("Dealer") may designate Dealer locations located within the same county to be affiliated by common ownership. The holder of a license affiliated by common ownership may engage in the same business at affiliated Dealer locations within the same county, **provided each Dealer location affiliated by common ownership shall obtain prior approval from the Motor Vehicle Industry Licensing Board ("Board") before their licensees may transfer between those same-county Dealer locations.**

"Common ownership" shall include entities that have the same exact ownership, whether through individuals, corporations, trusts, or other entities; Hawaii Revised Statutes Chapter 437-2(b)(2).

The laws and rules are available online at the Board's website at: **http://cca.hawaii.gov/pvl/boards/motorvehicle/statute_rules/**. To obtain a paper copy of the laws and rules relating to the Motor Vehicle Industry, send a written request to: COMMERCE AND CONSUMER AFFAIRS, P.O. Box 3469, Honolulu, HI 96801.

Failure to disclose a common ownership designation to the Board prior to engaging in an unapproved transfer of licensees between same-county Dealer locations is a violation of the Motor Vehicle Industry licensing law for which the licenses of the Dealer locations could be subject to disciplinary action by the Regulated Industries Complaints Office.

If you have any questions on the above, please do not hesitate to contact the Motor Vehicle Industry Licensing Board at (808) 586-2694.

MOTOR VEHICLE DEALER LOCATIONS - COMMON OWNERSHIP DESIGNATION

Access this form via website at: cca.hawaii.gov/pvl

This form may be utilized for Motor Vehicle Dealer ("Dealer") locations structured with multiple MVD license numbers issued in the same county and are affiliated by common ownership.

Complete and submit this form if you are designating Dealer locations affiliated by common ownership. If more space is needed, use a separate sheet, 8 1/2" x 11". If applicable, include trade names in the space provided. **Answer Question 1 and ATTACH documentation indicating ownership of the locations listed below.**

Name of Applicant (Individual: First-Middle-Last, or Name of Corporation, Partnership, LLC or LLP):	Business Phone No.:
Mailing Address:	Social Security No. (if individual):
Name of Dealer Location (1):	Trade Name:
Address (street address, city, state and zip code):	License No.: MVD -
Name of Dealer Location (2):	Trade Name:
Address (street address, city, state and zip code):	License No.: MVD -
Name of Dealer Location (3):	Trade Name:
Address (street address, city, state and zip code):	License No.: MVD -
Name of Dealer Location (4):	Trade Name:
Address (street address, city, state and zip code):	License No.: MVD -

1. Have you attached documentation indicating ownership of **EACH** of the above Dealer locations? YES NO

Mail **original** completed form and all required items to:

*Motor Vehicle Industry Licensing Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801*

OR

Deliver to office location at:

*335 Merchant Street
Room 301
Honolulu, HI 96813
Phone No.: (808) 586-3000*

*** SIGNATURE REQUIRED ON PAGE 2 ***

Print Name of Applicant: _____

Date: _____

AFFIDAVIT OF APPLICANT (read carefully before signing):

I/We, certify that the statements, answers and representations made in this designation form and in the documents submitted are true and correct. I/We, certify that these premises are in compliance with Chapter 437, Hawaii Revised Statutes and Chapter 86, Hawaii Administrative Rules. I/We, as an individual/an officer/a partner/a manager/a member, have authority to sign this application and to make the statements contained herein.

I/We, understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 437-28, Hawaii Revised Statutes).

Signature of Applicant

Signature of Applicant

Print Name of Applicant

Print Name of Applicant

Title

Title

Date

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.