



REQUEST FOR WITHDRAWAL OF APPLICATION FOR LICENSURE

FOR OFFICE USE ONLY

App Date: _____

Refund Amt: _____

Date: _____

This is a request to cancel your pending dealer or salesperson application(s). This form will only be approved if received within **30 days** of receipt of the application to our agency and for a full refund of initial application fees to be considered. If this form is received 30 days or more after receipt of the applications, then only a portion of your fees may be refunded. You must reapply if you want a dealer or salesperson license in the future. We intend for you to use this procedure only if you choose to no longer apply for a license at this time.

To avoid delays, please make sure all information is completed and printed clearly.

APPLICANT INFORMATION													
DEALERSHIP NAME		DEALER NUMBER (if applicable)											
PHYSICAL ADDRESS	CITY	STATE	ZIPCODE										
MAILING ADDRESS	CITY	STATE	ZIPCODE										
LICENSE TYPE(S) APPLIED FOR TO BE WITHDRAWN: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Used Motor Vehicle Dealer License</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Daily Rental License</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Auction License</td> <td style="border: none;"><input type="checkbox"/> Rent with the Option to Purchase License</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Used Parts & Accessories License</td> <td style="border: none;"><input type="checkbox"/> Salesperson License</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Crusher License</td> <td style="border: none;"><input type="checkbox"/> Information Change Form</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Automotive Dismantler & Parts Recycler</td> <td style="border: none;"></td> </tr> </table>				<input type="checkbox"/> Used Motor Vehicle Dealer License	<input type="checkbox"/> Daily Rental License	<input type="checkbox"/> Auction License	<input type="checkbox"/> Rent with the Option to Purchase License	<input type="checkbox"/> Used Parts & Accessories License	<input type="checkbox"/> Salesperson License	<input type="checkbox"/> Crusher License	<input type="checkbox"/> Information Change Form	<input type="checkbox"/> Automotive Dismantler & Parts Recycler	
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REASON FOR WITHDRAWAL <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Unable to submit all requirements (Bond, Insurance, Zoning, Phone)</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Unable to be insured</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other: _____</td> <td style="border: none;"></td> </tr> </table>				<input type="checkbox"/> Unable to submit all requirements (Bond, Insurance, Zoning, Phone)		<input type="checkbox"/> Unable to be insured		<input type="checkbox"/> Other: _____					
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<input type="checkbox"/> Unable to be insured													
<input type="checkbox"/> Other: _____													

REQUESTOR INFORMATION	
LAST NAME, FIRST NAME	PHONE NUMBER
EMAIL ADDRESS	

REQUEST TO RETURN PAYMENT			
PAYABLE TO		REQUESTED AMOUNT	
MAILING ADDRESS	CITY	STATE	ZIPCODE

I hereby request the withdrawal of my application, for the reasons stated above. I understand that this request may not be cancelled after being submitted to your agency. I understand that this request must be submitted within 30 days of the date of the application which I am withdrawing to be considered to receive full reimbursement of fees; however after 30 days, I may receive partial or no reimbursement of fees.

OWNER'S SIGNATURE

PRINTED NAME

DATE