



Virginia Department of Motor Vehicles
 Post Office Box 27412
 Richmond, Virginia 23269-0001
 www.dmv.virginia.gov

ONLINE DEALER PROGRAM ACCESS REQUEST

Purpose: DMV approved third-party vendors use this form to request access to the Online Dealer Program for their subscribers. This form can be used to update the president's or authorized contact person's information.

Instructions: Email the completed form to DealerServices@dmv.virginia.gov. Vendors will be notified by phone or email if your application is incomplete. DMV will not accept this form from subscribers.

Important: For rental applications, the subscriber is required to obtain a Rental Tax ID prior to this application being submitted.

SUBSCRIBER INFORMATION (DEALER)			
DEALER NAME	DEALER NUMBER	FEIN	RENTAL LICENSE NUMBER
MAILING ADDRESS		CITY, STATE, ZIP	
PHYSICAL LOCATION STREET ADDRESS (if different from above)		CITY, STATE, ZIP	
PRESIDENT/OWNER	TELEPHONE NUMBER	EMAIL	
AUTHORIZED CONTACT PERSON	TELEPHONE NUMBER	EMAIL	

ACCESS AND SOFTWARE REQUEST TYPE				
REQUEST TYPE	DEALER HAS INVENTORY?	REQUESTING VENDOR	CURRENT VENDOR	REQUEST EFF. DATE (mm/dd/yyyy)
TYPE OF DEALERSHIP	SOFTWARE TYPE (check all that apply)	<input type="checkbox"/> MD CROSS BORDER <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> NON RENTAL (DTO, Leased, Salvage)	<input type="checkbox"/> OLD including POD <input type="checkbox"/> POD <input type="checkbox"/> RENTAL	<input type="checkbox"/> RV <input type="checkbox"/> TRAILER <input type="checkbox"/> WV CROSS BORDER
ADDITIONAL INFORMATION:				

ADDITIONAL CONTACT INFORMATION			
Enter additional Contacts if needed:			
Training Completed	Last Name	First Name	Phone Number
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

CERTIFICATION INFORMATION	
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.	
AUTHORIZED CONTACT PERSON/OWNER	DATE OF SIGNED CONTRACT

DMV USE ONLY					
TELLER ID NUMBER	SOFTWARE TYPE	TELLER ID NUMBER	SOFTWARE TYPE	TELLER ID NUMBER	SOFTWARE TYPE
MVDB STATUS	DMV ID NUMBER	INVENTORY RECEIVED DATE	CLOSE DATE		