



**Mississippi Motor Vehicle Commission**  
 1755 Lelia Drive, Suite 200  
 Jackson, MS 39216  
 601-987-3995  
 Fax: 601-987-3997  
[info@mmvc.state.ms.us](mailto:info@mmvc.state.ms.us)

FOR OFFICE USE ONLY!	
License Number: _____	Renewal: YES or NO
LICENSING YEAR: _____	
Date Paid: _____	
Check Number: _____	

## Vehicle Protection Product Warrantor Registration Application

PLEASE TYPE OR PRINT

Name in which business is conducted: \_\_\_\_\_

Physical address at which business will be conducted

Street Number and Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address if different from physical address:

Street Number and Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Contact Information:**

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

E-Mail: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Is this a NEW warrantor?  Yes  No

Change of Ownership?  Yes  No

Is Business a Mississippi Corporation?  Yes  No

New Corporation?  Yes  No

Business is owned by:  Individual  Partnership  Corporation

Have you or any of the principals of the partnership or corporation ever been licensed by this COMMISSION to act in any capacity in Mississippi?  Yes  No

If Yes, give name in which license was issued, license number and last effective year:

\_\_\_\_\_

Has any license ever been denied, revoked, or suspended by this COMMISSION to you or any of your principals of the partnership or corporation?  Yes  No

If Yes, give full details: \_\_\_\_\_

\_\_\_\_\_

Have you or any of the principals ever been convicted of violation the MISSISSIPPI MOTOR VEHICLE COMMISSION ACT?  Yes  No

If Yes, give full details: \_\_\_\_\_

\_\_\_\_\_

Have you or any of the principals ever been convicted of a MISDEMEANOR or FELONY?  Yes  No

(If yes, please provide copy of court documents.)

Vehicle Protections Products Offered for Sale (please attach separate sheet of paper if additional space is needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Attach Warranty Contract and Dealers in Mississippi that represent your products for EACH product listed above.***

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions under the law which this application is made, and that I, as proprietor, partner, or authorized official of the corporation have authority to make the statements contained herein. I authorize and consent to your request of the inspection of any and all criminal records information in the possession of or accessible by the Mississippi Justice Information Center, including, but not limited to, any past history of a criminal offense(s) for which I may have been charged or convicted.

Signed \_\_\_\_\_  
(personal signature of authorized official or firm)

Title \_\_\_\_\_

(SEAL) Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public) My commission expires \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**MAIL ALL DOCUMENTS TO THE ADDRESS LISTED ON FRONT OF APPLICATION. ALL INFORMATION MUST BE RECEIVED BEFORE LICENSE IS ISSUED. ALL APPLICATIONS MUST BE REVIEWED BY COMMISSION AT THEIR MONTHLY MEETING BEFORE APPROVAL AND LICENSE ISSUANCE. MONTHLY MEETINGS SCHEDULED FOR THE 3<sup>rd</sup> WEDNESDAY OF EACH MONTH.**

- The following must be submitted with this completed notarized application**
- \$600 License Fee
  - \$200 Administrative Fee
  - Bank Affiliate's Name
  - Bank Officer's Name and Contact Number
  - Biography of EACH Principal
  - Copy of Latest Financial Statement for EACH principal and Business
  - Business Applicant Form 10-K or 20-F or previous year certified Audit Financial Statement showing \$50,000,000 net worth of the Warrantor or its Parent Company or an Insurance Policy