



MISSISSIPPI MOTOR VEHICLE COMMISSION

1755 Lelia Drive, Suite 200
Jackson, MS 39216
Phone: 601-987-3995
Fax: 601-987-3997
Email: info@mmvc.ms.gov

FOR OFFICE USE ONLY
License Number Issued:

VEHICLE PROTECTION PRODUCT WARRANTOR REGISTRATION APPLICATION

Pursuant to the provision of the Mississippi Motor Vehicle Commission Law §63-17-69, §63-29-3, and §63-29-7, application is hereby made for a license as indicated.

☐ New VPP Warrantor \$800.00*

* Includes \$600.00 license fee and \$200.00 administrative fee

Check Number: # _____

Check Amount: \$ _____

Vehicle Protection Products Offered
(please provide additional sheets if needed)

* Attach warranty contacts for each product listed above.

1. Company Name and DBA _____

2. Physical Address
Street: _____
City, State, Zip: _____
County: _____

3. Mailing Address if different from physical address
Street: _____
City, State, Zip: _____
County: _____

4. Contact Information
Contact 1 Name and Title: _____
Contact 1 Email: _____
Contact 2 Name and Title: _____
Contact 2 Email: _____
Phone: _____
Fax: _____

5. Provide a List of Dealers that Sell Your Products

Is this business a Mississippi corporation? ☐ YES ☐ NO

Is this a new corporation? ☐ YES ☐ NO

Business is owned by:

☐ Individual ☐ Partnership ☐ Corporation

List the names, titles, city, state, and percentages of ownership for EACH officer, director, and manager:

Have you or any of the principals of the partnership or corporation ever been licensed by the 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 a violation of 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.)

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 I am familiar with the provisions under the law which this application is made. I authorize and consent to your request of the inspection of any and all criminal records information in the possession of or accessible by a third party private company, including, but not limited to, any past history of a criminal offense(s) for which I may have been charged or convicted.

Signed: _____
(Applicant's Name) (Notary Public)

Subscribed and sworn to (or affirmed)
before me this _____ day
of _____, _____.



My commission expires: _____
STATE OF _____
COUNTY OF _____

The following must be submitted with this application:

- \$800.00 VPP Warrantor Fee (\$600.00 license fee and \$200.00 administrative fee)
- Bank Affiliates's Name
- Bank Officer's Name and Contact Number
- Biography of EACH Principal
- Copy of Latest Financial Statement (usually CPA certified and either quarterly or annually)
- One of the following:
 1. Proof of a reimbursement insurance policy described in Mississippi Code, §63-29-11; the reimbursement insurance policy must include the "Vehicle Protection Product Warrantor MS Endorsement" prescribed by the executive director or equivalent language
 2. An audit report and audited financial statements for its most recent fiscal year which demonstrate that either the applicant or the registrant, or the parent corporation of the applicant or registrant, if there is one, had a net worth of at least \$50 million as of the end of its most recent fiscal year
 3. The audit report of an independent certified public accountant stating the auditor's unqualified opinion concerning the financial statements of the applicant or registrant as of the end of its most recent fiscal year, together with a certification from the same accountant who performed the audit that the applicant or registrant had a net worth in excess of \$50 million as of the end of the period audited
 4. The audit report of an independent certified public accountant stating the auditor's unqualified opinion concerning the financial statements of the parent corporation of the applicant or registrant as of the end of the parent corporation's most recent fiscal year, together with a certification from the same accountant who performed the audit of the parent corporation that it had a net worth in excess of \$50 million as of the end of the period audited
- If using Reimbursement Insurance Policy, the insurance company is licensed to do business in the state of Mississippi and covers all contractual obligations for the state of Mississippi.

Please mail all documents to the address listed on the front of the application. Applications must be reviewed by the commission at their monthly board meeting, which is held on the third Wednesday of every month. All documents must be submitted NO LATER than the Friday before the board meeting to be on that month's agenda. All information and documents must be received before an application is presented to the board for approval and license issuance. Please call our office with any questions.