



# SALVAGE TYPE 4 BUSINESS FACILITIES STATEMENT

Wisconsin Department of Transportation  
MV3187 10/2018

Wisconsin Department of Transportation  
Dealer Section, P.O. Box 7909  
Madison, WI 53707-7909  
Telephone: (608) 266-1425

Legal Business Name	Date Facilities Will Be Ready (m/d/yyyy)
Business Address, City, State, ZIP Code	

**— These requirements must be met before a license can be issued. —**

### Business Facility Requirements

- 1. A permanent building.
- 2. A facility for records storage and a place to park the vehicle(s) used for transporting salvage.
- 3. The building and premises comply with all local zoning, building code and permit requirements.
- 4. Zoning is for where the transport vehicle(s) are parked.
- 5. A sign displaying the salvage license number on any truck – tractor used to haul, tow or push salvages vehicles.
- 6. Conformation from the Department of Natural Resources (DNR) for Refrigerant Recovery programs.

### Is the business real estate owned by the dealership entity (e.g., corporation)?

- Yes     No – If no, attach copy of signed lease agreement.

### Is more than one motor vehicle business located at this facility?

- Yes     No

If Yes, describe other business(es):

### There are two additional facilities requirements for businesses that share facilities:

- 1. A copy of the lease agreement between the owner of the property and the dealer along with a diagram of how the facilities are shared between the businesses.

**If an inspection determines that the business facilities do not meet the requirements, I will not be issued any license credentials until the Department verifies the facilities are in compliance.**

I declare this is a true and accurate statement. I realize my place of business is subject to inspection and any false statements regarding the above requirements will subject my license to revocation, suspension or denial. I, as owner, partner, officer of the corporation, association member, LLC member or LLC manager have authority to sign this statement.

I certify the place of business listed above meets or will meet all the requirements under Trans 138.03 of the Wisconsin Administrative Code. The facilities will be ready on the above indicated date.

Applicant Title

**X**

(Applicant Signature)

(Date – m/d/yyyy)