



**Ontario's Vehicle Sales Regulator**

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*For office use only*

Reg #: \_\_\_\_\_

W- ID: \_\_\_\_\_

A- ID: \_\_\_\_\_

**REQUEST FOR RECORDS STORAGE ADDRESS**

This application is to be completed by dealers registered in the "Wholesaler" or "Broker" class who would like the Registrar's approval to store their records at an alternate location from their business premises. Please review the **Request for Records Storage Address Information** section of this form before completing it. **For the purpose of this form, the "applicant" is the dealership identified in Section A, below.**

**SECTION A: GENERAL INFORMATION**

If this application relates to a renewal you've submitted online, kindly provide your  
**Reference Number:** \_\_\_\_\_

Application Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Dealership Information:**

Registration Number: \_\_\_\_\_

Legal Name of Dealership: \_\_\_\_\_

Business (Trade) Name (if applicable): \_\_\_\_\_

Class of Registration:  Wholesaler  Broker

**Business Premises:**

Is the business premises a dwelling?  Yes  No

Street #: \_\_\_\_\_ Street: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SECTION B: RECORDS STORAGE ADDRESS**

**In support of this application, please attach a copy of your signed and dated agreement with the business or facility and a copy of the zoning letter, confirming the records storage facility is commercially zoned.** Also, provide an explanation as to how OMVIC representatives can contact this business or facility during normal business hours to access your records.

You are not required to submit photographs of your proposed location unless requested to do so. Any photos submitted will not be reviewed for compliance.

**Records Storage Facility Information:**

Name of Facility: \_\_\_\_\_

Facility Days and Hours of Operation: \_\_\_\_\_

Contact Name at Facility Who Can Access Your Records: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Records Storage Facility Address:**

Street #: \_\_\_\_\_ Street: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

1. Is the facility a secured, fixed location with heat and electricity?  
 Yes     No
2. Is there a work area where an OMVIC representative can review your records? (e.g., a table and chair)  
 Yes     No
3. Will OMVIC representatives have free access to your books and records at this facility during normal business hours?  
 Yes     No  
If "no," provide an explanation on a signed and dated statement attached to this application.
4. Describe how an OMVIC representative will be able to identify this facility from the outside (e.g. visible markings).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you answered "no" to any of Questions 1-3 above, kindly provide an explanation on a signed and dated statement attached to this application.**

The applicant understands this request is subject to the Registrar’s approval and confirms that records will not be stored at the facility or business described above until confirmation is received from OMVIC that this request has been approved. I understand that I may be given provisional approval, pending verification of the information provided in this form and subject to an onsite inspection. The applicant further understands that approval of a records storage address by the Registrar does not mean compliance with other laws, regulations, agreements or other obligations regarding the storage of the applicant’s books and records.

The applicant undertakes to ensure their records are organized in a way they can be easily located by an OMVIC representative (e.g., bank statements for a specific period, documents related to a particular trade, copies of garage register etc.). I undertake to ensure my records are kept separate from the records of any other business. I further undertake to deliver my records to an OMVIC representative upon request. I further undertake to provide OMVIC with original documents, if requested. I understand my records must be complete and no more than 30 days out of date. If I need to remove my records from this business or facility, I undertake to provide OMVIC with written notice specifying the reason for such removal, the records affected, where they will be located and when they will be returned. I undertake not to remove my records from this business or facility except on a temporary basis for no more than 30 days.

I confirm that I have not misrepresented or omitted any material facts in any document or statement made in support of this application. I understand that each statement is subject to verification. I understand it is a serious offence to knowingly provide false information in connection with this application. **I further understand the provision of false, incomplete or misleading information, or the omission of information in this application or the documents submitted with it, may result in the refusal, suspension or revocation of registration.**

In order to complete or verify the information provided on this form, it may be necessary for OMVIC to collect additional information from, or to exchange information with, government and relevant non-government sources regarding the applicant, its officers, directors, partners and shareholders. On request by OMVIC, I agree to furnish any required authorization or release to obtain information. I consent to the collection of this information as authorized under the *Motor Vehicle Dealers Act 2002* (“the Act”). I understand this information will be used to determine whether I am and remain qualified for the registration for which I am applying or to ensure compliance with the Act. Only information relevant to my registration will be collected. I further consent to the sharing of any information gathered in the course of processing this application with others as may be considered necessary in the course of determining whether I am and remain qualified for registration or to ensure compliance with the Act. **I understand the consent to the collection and sharing of this information remains ongoing throughout the term of my registration and during the application process.**

**I understand I must notify OMVIC in writing within five days of any changes to this information which occurs following this application being filed. I confirm I have retained a copy of this application for my records.**

The registration record, which includes the applicant’s name, registration number, business address and registration dates, is part of the public record.

The applicant understands it is a violation of the Act to conduct business as a motor vehicle dealer without benefit of registration from OMVIC.

I confirm that I have read and understood the information provided in the **Request for Records Storage Address** section of this application.

I certify the information provided by the undersigned in support of this application, is to the best of my knowledge and belief, true.

\_\_\_\_\_  
Print Name of Authorized Individual/Employer

\_\_\_\_\_  
Signature of Authorized Individual/Employer

Date Signed (YYYY/MM/DD):      /      /     

\_\_\_\_\_  
Position of Authorized Individual

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Fax

\_\_\_\_\_  
Print name of person who completed/translated this application, if different from the authorized individual/employer

Have you attached:

- Zoning letter confirming the facility is commercially zoned. See Section B –Records Storage Address
- Copy of your signed and dated agreement with the business or facility with explanation as to how OMVIC representatives can contact this business or facility during normal business hours to access your records. See Section B – Records Storage Address
- Signed and dated statement if you answered “no” to any of Questions 1-3 in Section B –Records Storage Address

## REQUEST FOR RECORDS STORAGE ADDRESS INFORMATION

The following information is provided as a guideline only. All applicants are encouraged to review the relevant sections of *The Motor Vehicle Dealers Act, 2002* (“the Act”) and its regulations and to consult with a lawyer if they have any questions. After reviewing this information, please call OMVIC at 416-226-4500 (Toronto) or toll-free at 1-800-943-6002 for questions about completing this form.

### SECTION B: RECORD STORAGE ADDRESS

The record storage facility should be a professional document management facility or a professional office (e.g., lawyer’s, accountant’s or bookkeeper’s office). Self-storage or mobile-storage facilities will not be approved. This location must be commercially zoned and there must be an individual present at the location during normal business hours who can assist an OMVIC representative accessing the records. The applicant must provide a signed agreement with the facility explaining how the OMVIC representative can contact this business or facility during normal business hours to access the records. The OMVIC representative must be provided free access to the records whenever requested. The location must be a fixed, secured location with heat, electricity and a work area for the OMVIC representative.

Records kept at the business or records storage address must include but are not limited to:

- Records of motor vehicles (e.g., safety standard certificates, repair or reconditioning records, vehicle permits, etc.).
- Records relating to trades (e.g., consignment, lease, purchase, broker, trade-in, service plan or warranty agreements, payment and commission records).
- Records of business (e.g., employee records, records of associated persons, financing records, loan agreements, bank records, trust account records).

**You must ensure records kept at your records storage address are no more than one month out of date.**