

# Dealer License Application

**Amount Due: \$200.00**

**Dealer No.:** \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Individual  Partnership  Corporation

Address: \_\_\_\_\_

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

Name and address of each owner director or principal officer of such aircraft dealer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Include complete mailing address for each individual.)

Foreign Corporation:

State in which incorporated: \_\_\_\_\_

Name and mailing address of registered agent and/or office in South Dakota:

\_\_\_\_\_  
Name and mailing address of agent and/or office in foreign state:

.....  
Dealer will sell    new;            used;            both new and used aircraft.

List below makes of aircraft to be sold:

Name and mailing address of manufacturer or distributor with whom franchised:

\_\_\_\_\_  
\_\_\_\_\_

Were you previously an aircraft dealer in South Dakota? ( ) Yes ( ) No    Number of aircraft sold: \_\_\_\_\_

If yes, indicate the number of aircraft sold within a period of twenty-four months preceding the date of application.

Include those aircraft which were subject to normal registration, as well as those listed on your dealer's license.

Payment Type: Check or Money Order enclosed  Credit Card

For credit card payment: Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

.....  
I declare and affirm under the penalties of perjury, that the foregoing is a true statement of facts.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

.....  
Mail the completed application and payment to:

SD Department of Transportation  
Aviation Services  
700 E. Broadway Ave.  
Pierre, SD 57501