

# Renewal Request for Motor Vehicle Dealer License

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Department of Motor Vehicles]

[Address of the Department]

[City, State, Zip Code]

Dear [Name of the Contact Person],

I am writing to formally request the renewal of my Motor Vehicle Dealer License, which is set to expire on [Expiration Date]. My license number is [License Number]. I have been operating as a licensed dealer since [License Issue Date] and have maintained compliance with all relevant regulations and requirements.

Please find attached the necessary documents required for the renewal process, including:

- Completed renewal application form
- Proof of insurance
- Payment for the renewal fee
- Any additional required documents

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]