REGISTERED IMPORTER NEWSLETTER No. 56 National Highway Traffic Safety Administration Office of Vehicle Safety Compliance August 9, 2016

MAINTENANCE OF RI REGISTRATION

This is your reminder that it is time to submit the information required to permit you to continue to be a registered importer (RI) for the fiscal year (FY) 2017, which begins on October 1, 2016. The information specified below should be submitted as soon as possible, but no later than September 30, 2016 for your company to remain in active status as an RI. Failure to submit the renewal information by that date will cause your registration to be automatically suspended effective October 10, 2016, as provided in 49 CFR 592.7(a)(1). Because there are delays in our receipt of material sent by regular mail, we recommend that you send this information by an overnight express carrier to:

Office of Vehicle Safety Compliance National Highway Traffic Safety Administration 1200 New Jersey Avenue, S.E. West Building-4th Floor-NEF-230 W45-205 Washington, DC 20590 Attn: RI Renewal

PLEASE COMPLETE AND SIGN THE ATTACHED FORM TO RENEW YOUR REGISTRATION

Also don't forget to include with the completed registration renewal form, a new service insurance policy (with notarized signatures). **Do not include a credit card authorization** (Attachment 2) or a check made payable to the Treasurer of the United States with the renewal form. We will advise you of the renewal fee at a later date.

If there are any changes in the business information you have previously filed with NHTSA, please also submit the appropriate enclosure, as listed on page 5 of the registration renewal form, document that change.

RI renewal questions should be directed to Johnny Gibson at 202-366-1672

Attachment 1



National Highway Traffic Safety Administration Import and Certification Division Phone: (202) 366-5291 Website Address:

www.nhtsa.dot.gov/cars/rules/import/

Part 592.5(f) & 592.6(I) Yearly Statement of Registered Importer or Notification of Business Change Use this form to submit the RI's Yearly Statement or to notify NHTSA of relevant changes to the RI business that occurred after the last Yearly Statement was submitted or after the initial application

	Section I. Re	egistered Importer Informat	<u>ion</u>	
RI Name	Last		First	Date of Birth
Position		Business Name		
Business Address		Street, Suite No.		
City				
Zip Code		Fax Number	-	
E-mail Address		Form o	of Business Organization	v
State under which business formed	I	v		
Section II. I	dentify Each Partner/ Officer/	Director/ Manager of RI's Partne	rship or Corporation §592.5(a)	
Name _				
	Last		First	
Position		Business Address		
			Street, Suite	No.
City		State/Province		
•		71 0 1		
Name				
	Last		First	Date of Birth
Position		Business Address		
			Street, Su	iite No.
City		State/Province		
Country		Zip Code		

Attachment 2 Name Last First Date of Birth **Business Address** Street, Suite No. State/Province Zip Code (Attach a separate page if needed) Section III. Business Interests I am willing to contract with individual owners to conform to the safety and bumper standards the following types of vehicles those owners import, provided the vehicles have been determined to be eligible for importation pursuant to 49 CFR Part 593 (check all that apply): **Passenger Cars MPVs** Light Duty Trucks (10,000 lb GVWR or less) **Trailers Buses** Heavy Trucks & Tractors (Over 10,000 lb GVWR) Motorcycles / Motor Driven Cycles Low-speed Vehicles Canada I am willing to modify vehicles imported from: All Other Countries Section IV. Petition for an Import Eligibility Decision I am willing to prepare and submit import eligibility petitions to NHTSA and to pay all required fees for those petitions, as Yes No set forth in 49 CFR Parts 593 and 594 Section V. Registered Importer Premises (Complete only if business changes occurred) **Main Office Business Address** City State Country Zip Code ____ **Telephone Number** Fax Number **Date Facility First Used Records Storage** Same as Main Office **Business Address** _____ City Country Zip Code State Page 2 of 5

Telephone Number	Fax Number	
Date Facility First Used		
	Conformance Modifications	
	Conformance mounications	
Same as Main Office		
Business Address		
State	Country	Zip Code
Telephone Number	Fax Number	
Date Facility First Used		
	Vehicle Storage	
Same as Main Office		
Business Address	City	
State	Country	Zip Code
State Telephone Number	Country Fax Number	Zip Code
	Fay Number	
Telephone Number Date Facility First Used	Fax Number	
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Telephone Number	Fax Number			
Section VIII. Associated with EPA Licensed Independent Commercial Importer (ICI) (Complete only if business changes occurred)				
ICI Name				
Business Address	City			
State	Country	Zip Code		
Contact Info		First		
Telephone Number				
	Section IX. Certification, Acknowledgement & Disclosure (Must complete this section)			
CFR 592.6 and that I will fully comply with e	box, I hereby certify that I have read and understand the duties of a Reach such duty. box, I hereby certify that all the information provided in each of my pr	revious annual statements or changed		
statement is true and correct. (§ 592.5(f)(2)(ii)) By checking this	box, I hereby certify that I understand that, in the event that the registers and to remedy noncompliances or safety related defects, as requ	tration is suspended or revoked, or		
or control of the registered importer's busin	box, I acknowledge that the registered importer, or any person associates, or any person employed by or associated with the registered in or sale of motor vehicles or motor vehicle equipment. These offense vehicles.	porter, has not been convicted of a		
	Section X. Documentation Preparation & Enclosures			
(§ 592.5(a)(3)) Identity of Person preparing t	this statement (if different from RI.)			
Name	Title			
Business Address	City			
State/Province	Country			
Zip Code				

in 49 CFR § 592.5.	enclosures identified by the form entitled "RI Yearly Statement or Business Change Notificati	on Checklist" as set forth
RI's Signature	_	Date

Please complete the form by typing or clearly printing.

Questions about the form may be answered by sending an
e-mail to lmportcertification@dot.gov or by calling
202-366-4192.

Mail the completed form with an original signature to:

Attn: Yearly Statement or Business Change Notification
Director, Office of Vehicle Safety Compliance
1200 New Jersey Avenue, S.E.
West Building, Room W45-205, Mail Code NVS-223
Washington, DC 20590

Additional Information

Note: Each RI that is granted its RI registration must keep its business information on file with NHTSA current, accurate and complete by submitting revised information generally not later than 30 calendar days after the relevant business changes occur. If a RI intends to change its street address or telephone number or discontinue use of a facility that was identified in its registration application, it must notify NHTSA not less than 10 days before such change or discontinuance of such use, and identify the facility, if any, that will be used instead.

Section XI. RI Application Checklist

V	N/A	No.	Enclosures with the following material or information should accompany the "Yearly Statement of Registered Importer or Notification Business Change"
		1	Information sufficient to establish that the applicant owns or leases one or more facilities in the United States sufficient in nature and size to repair, conform, and store the vehicles for which it provides certification of conformance to NHTSA including a copy of the deed or lease for each such facility, video photographs of each such facility, and the street address and telephone number of each such facility. (§ 592.5(a)(9)(ii))
		2	A narrated digital DVD video that shows the facilities the applicant proposes to use to conduct its business as an RI. This must be formatted to play in Windows Media Player® or in QuickTime®. Suitable video formats include MPEG® and AVI. The recording must include footage of the office space and office equipment the applicant will use in its RI business, including file cabinets or other devices that will be used to store the records an RI must maintain. The recording must also show the area outside the building as having secure vehicle storage space and the premises inside the building that will be used for performing conformance modifications on imported nonconforming vehicles. Footage must also be provided that shows that the applicant has procured a current copy of Title 49, Code of Federal Regulations, Parts 400 to 599. (§ 592.5(a)(9)(ii))
		3	If the applicant is a non-public corporation, the applicant must provide a statement issued by the Office of the Secretary of State, or other responsible official of the State in which the applicant is incorporated, certifying that the applicant is a corporation in good standing. The application also must include the full name, street address, and date of birth of each officer, director, manager, and person who is authorized to sign documents on behalf of the corporation and the name of any person who owns or controls 10% or more of the corporation. (§ 592.5(a)(4)(iii))
		4	If the applicant is a public corporation, the applicant must include a copy of its latest 10 -K filing with the Securities and Exchange Commission, and provide the name and address of any person who is authorized to sign documents on behalf of the corporation. (§ 592.5(a)(4)(iv))
		5	A cashiers check or certified check made payable to the <i>Treasurer of the United States</i> in the amount specified under 49 CFR Part 594 to cover the cost of the application. (§ 592.5(f)(4))
		6	A copy of the Safety Recall Service Contract the applicant has entered with an independent insurance company, with notarized signatures, to cover the obligations the applicant will incur as an RI with respect to conducting safety recall campaigns. (§ 592.5(f)(3))
		7	A copy of the current business license issued to the applicant to do business as an importer or modifier or seller of motor vehicles or a statement that the applicant has made a bona fide inquiry and is not required by State or local authority to have such a license or document. (§ 592.5(a)(5)(iii))





RI CREDIT CARD AUTHORIZATION FORM

This is an electronic mistake and moved to		•	to to the next field. If you made a together to go back.
Choose Card Types	: Visa	MasterCard	American Express
	Discover		
Last 4 Digits of the	Credit Card A	ccount on file:	-
Expiration Date (M	M/YYYY):		
Company Name:			
Card Holder Name:			
Address:			
Email Address:			
Telephone Number:			
Notes: _			
renewal fees. Please	e notify NHTSA	by e-mail when the	expiration date changes, an authorized, or you change credit cards.
Signature:			Date
	66-5291 to prov	ide the full credit ca	l it to importcertification@dot.gov . rd number to complete your transaction. orm.