

MANUFACTURER OR DISTRIBUTOR REPRESENTATIVE LICENSE APPLICATION

DMV USE ONLY	
LICENSE FEE _____	_____
LOG NUMBER _____	_____

Purpose: Use this form to apply for a manufacturer or distributor representative license.

Instructions: Complete sections 1, 2 and 3. Request your employing company to complete section 4. Mail completed form and supporting documentation to DMV at the above address.

1. APPLICATION TYPE		
<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer (attach existing license if available)

2. APPLICANT INFORMATION							
FULL LEGAL NAME (last)		(first)		(middle)		(suffix)	
RESIDENCE STREET ADDRESS				CITY		STATE	ZIP CODE
GENDER (check one)	RACE	WEIGHT	HEIGHT	EYE COLOR	HAIR COLOR	SOCIAL SECURITY NUMBER	
<input type="checkbox"/> Male <input type="checkbox"/> Female		.lbs	ft. in.				
PLACE OF BIRTH (town, city, state, country)				BIRTH DATE (mm/dd/yyyy)		PRIMARY CONTACT PHONE NUMBER	
LIST ANY AND ALL NAMES USED (aliases, maiden name, nicknames, etc.)							
Are you currently licensed by the Motor Vehicle Dealer Board?				<input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, PROVIDE DEALER NUMBER	

3. APPLICANT CERTIFICATION	
<p>Each application will be reviewed carefully and consideration will be given to all relevant information. If you have been convicted of any offenses, you are advised to submit with your application documentation and/or written explanation or statement concerning the convictions. You should include attested copies of your convictions and if you have been released from probation/parole, evidence of this fact.</p>	
A. Have you ever been convicted of a felony?*	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Have you ever been convicted of any fraudulent or criminal act involving the business of selling motor vehicles?*	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Have you ever been convicted of odometer tampering, larceny of a vehicle or receipt or sales of a stolen vehicle?*	<input type="checkbox"/> YES <input type="checkbox"/> NO
* If the answer to questions A, B, or C is YES, attach a copy of conviction record(s), name of probation officer, date(s), and court jurisdiction(s).	
I understand that untruthful or misleading answers are cause for denial of the application. I further understand that it is unlawful to knowingly make a false statement and any violation may be prosecuted to the full extent of the law.	
I certify and affirm that all the information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.	
APPLICANT NAME (print)	DATE (mm/dd/yyyy)
APPLICANT SIGNATURE	

PRIVACY NOTICE: In accordance with Virginia Code §§ 2.2-803 and 2.2-4800, et al., the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

4. EMPLOYING COMPANY CERTIFICATION			
BUSINESS NAME		TRADING AS NAME	
DEALER CERT. NUMBER	REP LICENSE NUMBER	LICENSE YEAR ENDING	
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE
I certify that the applicant named herein is employed by the firm as a salesperson or representative and is not an independent contractor. If application is for a salesperson's license, I certify the applicant is not employed by another dealer unless the dealerships are owned by the same person, partnership or corporation. I certify and affirm that all the information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.			
OWNER / PARTNER / OFFICER NAME (print)	OWNER / PARTNER / OFFICER SIGNATURE		DATE (mm/dd/yyyy)