Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001
www.dmv.virginia.gov

MANUFACTURER OR DISTRIBUTOR REPRESENTATIVE LICENSE APPLICATION

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

Instructions Complete the Applicant sections. Request your company complete the "Employing Company Certification" section below. Mail the completed application and 'Manufacturer and Distributor License Application', if required, to Dealer Services Work Center at the above address.

APPLICATION & REPRESENTATIVE TYPE

SELECT ONE FOR EACH TYPE:

Representative Type: ☐ Manufacturer Representative ☐ Distributor Representative

Application Type: ☐ Original ☐ Renewal ☐ Transfer (attach existing license if available)

APPLICANT INFORMATION

FULL LEGAL NAME (last)	(first)	(middle)	(suffix)

RESIDENCE STREET ADDRESS	CITY	STATE	ZIP CODE

GENDER (check one) ☐ Male ☐ Female ☐ Non-Binary	WEIGHT .lbs	HEIGHT ft. in.	EYE COLOR	HAIR COLOR	SOCIAL SECURITY NUMBER

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? ☐ Yes ☐ No	IF YES, PROVIDE DEALER NUMBER

APPLICANT CERTIFICATION

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.

A. Have you ever been convicted of a felony?* ☐ YES ☐ NO

B. Have you ever been convicted of any fraudulent or criminal act involving the business of selling motor vehicles?* ☐ YES ☐ NO

C. Have you ever been convicted of odometer tampering, larceny of a vehicle or receipt or sales of a stolen vehicle?* ☐ YES ☐ 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).

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.

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)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)

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)

DMV USE ONLY

LOG NUMBER	TOTAL FEE