

**APPLICATION FOR CERTIFICATE OF
 QUALIFICATION /SALESPERSON'S LICENSE**

DMV USE ONLY	
MVTRF FEE	_____
LICENSE FEE	_____

INSTRUCTIONS: COMPLETE ALL APPROPRIATE SECTIONS OF THIS APPLICATION AND THE ATTACHED CONSENT FORM.
 (FOR CERTIFICATE OF QUALIFICATION ONLY, OMIT SECTIONS 2 & 6.)

ARE YOU CURRENTLY LICENSED BY THE MOTOR VEHICLE DEALER BOARD? YES NO IF YES, PLEASE INDICATE DEALER NUMBER _____

1. FIRST M. LAST		3. ANSWER THESE QUESTIONS A. HAVE YOU EVER BEEN REFUSED A MOTOR VEHICLE DEALER'S OR SALESPERSON'S LICENSE OR HAD SUCH LICENSE SUSPENDED OR REVOKED? B. HAVE YOU EVER BEEN CONVICTED OF A FELONY? C. HAVE YOU EVER BEEN CONVICTED OF ANY FRAUDULENT OR CRIMINAL ACT INVOLVING THE BUSINESS OF SELLING MOTOR VEHICLES? D. HAVE YOU EVER BEEN CONVICTED OF ODOMETER TAMPERING, LARCENY OF A VEHICLE OR RECEIPT OR SALE OF A STOLEN VEHICLE? E. IF THE ANSWER TO B, C, OR D OF THE ABOVE QUESTIONS IS YES, ATTACH A COPY OF CONVICTION RECORD(S), NAME OF PROBATION OFFICER, DATE(S), AND COURT JURISDICTION(S).	YES	NO					
HOME ADDRESS (P.O. BOX NOT ACCEPTABLE)			<input type="checkbox"/>	<input type="checkbox"/>					
CITY STATE ZIP CODE			<input type="checkbox"/>	<input type="checkbox"/>					
SEX	WEIGHT		HEIGHT	EYE	HAIR	DATE OF BIRTH	SOCIAL SECURITY NO.	<input type="checkbox"/>	<input type="checkbox"/>
2. NAME OF EMPLOYER			<input type="checkbox"/>	<input type="checkbox"/>					
TRADING AS		<input type="checkbox"/>	<input type="checkbox"/>						
STREET ADDRESS		DEALER CERT. NO.	<input type="checkbox"/>	<input type="checkbox"/>					
CITY STATE ZIP CODE		LICENSE YEAR ENDING							

**APPLICATION FOR CERTIFICATE OF
 QUALIFICATION /SALESPERSON'S LICENSE**

<p>4. Check all boxes that apply.</p> <p><input type="checkbox"/> Qualification for salesperson</p> <p><input type="checkbox"/> Qualification for dealer operator</p> <p><input type="checkbox"/> Independent</p> <p><input type="checkbox"/> Franchised</p> <p><input type="checkbox"/> Upgrade from salesperson to dealer operator</p> <p>*NOTE: A salesperson license must be obtained in addition to your qualification if you sell motor vehicles.</p> <p>5. I certify that I am not employed by another dealer unless the dealerships are owned by the same operator.</p>	<p><input type="checkbox"/> Original Salesperson License</p> <p><input type="checkbox"/> Transfer salesperson license (must attach existing license)</p> <p><input type="checkbox"/> Renewal of salesperson license</p> <p><input type="checkbox"/> Factory or distributor representative</p>	<p>6. I certify that the applicant named herein is employed by the firm as a salesperson or representative and is not an independent contractor.</p> <p>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. All information contained herein is true and correct.</p>
<p>APPLICANT SIGNATURE _____ DATE (mm/dd/yyyy) _____</p> <p>I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation may be prosecuted as a Class 5 felony or a Class 2 misdemeanor. In addition, I have completed and signed the attached consent form to authorize DMV to conduct a criminal history inquiry solely for the purpose of evaluating this application.</p> <p style="text-align: center;">PRIVACY STATEMENT</p> <p>In accordance with Sections 2.1-196.1, 2.1-731 and 2.1-734 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.</p> <p>* Re-issues that do not extend their current month of expiration will be issued at no fee. * Re-issues that extend the month of expiration will be issued as originals at full fee.</p>	<p>DEALERSHIP AUTHORIZED SIGNATURE _____</p> <p>DATE (mm/dd/yyyy) _____</p>	