# APPLICATION FOR SALES REPRESENTATIVE LICENSE

NCDMV LICENSE AND THEFT BUREAU – DEALER UNIT
3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

**1. APPLICANT INFORMATION.** **Please print legibly. Illegible forms will not be processed. Use complete legal name as it appears on your Driver's License/ID Card.**

Applicant Name: _____ Driver's License Number: _____

Physical Address: _____

City:_____ State:_____ Zip:_____

Birthdate: _____ Race: _____ Weight: _____

Hair Color: _____ Sex:_____ Height:_____ Eye Color:_____

Dealer Salesman_____ Distributor Sales Rep_____ Factory Rep_____

**2. ENDORSEMENT BY EMPLOYER.** AS EMPLOYER I UNDERSTAND THAT I AM RESPONSIBLE FOR THE ACTS OF ALL SALES REPRESENTATIVES EMPLOYED BY ME WHILE ACTING AS MY AGENT.

Business Name: _____ Dealer License Number: _____

Address: _____

Printed Name of Employer _____

Signature of Employer: _____ Date: _____

**3. AS THE APPLICANT, I HEREBEY CERTIFY THAT:**

(1) I have been convicted of an offense set forth under N.C.G.S. § 14-71.2, 20-106.1, 14-160.4 or 20-112 within 5 years next preceding the date of filing the application. **Yes** or **No** (*circle one*) *Initial: _____

(2) I have been convicted of a crime: (a) possibly related to the duties and responsibilities for holding a sales representative license; or (b) violent or sexual in nature. **Yes** or **No** (*circle one*) *Initial: _____

(3) I have previously been denied or had a license issued under the Dealer Licensing Act that was suspended or revoked. **Yes** or **No** (*circle one*) *Initial:_____

(4) I am familiar with and will comply with all the laws and regulations governing the conduct of motor vehicle salesmen or representatives and will cooperate with the Division in administering the North Carolina Motor Vehicle Dealers and Manufacturers Act. The information and certifications contained in this application are true and correct to the best of my knowledge and belief. **Yes** or **No** (*circle one*) *Initial: _____

**In reviewing an application, the Division may only deny an application based on a conviction under the requirements of N.C.G.S. § 20-294 and N.C.G.S. § 93B-8.1. Upon review of the application where the applicant has a criminal conviction, the Division shall consider:**

   (1) The level and seriousness of the crime.
   (2) The date of the crime.
   (3) The age of the person at the time of the crime.
   (4) The circumstances surrounding the commission of the crime, if known.
   (5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
   (6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
   (6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment.

      (6b) A Certificate of Relief granted pursuant to G.S. 15A-173.2.

      (7) The subsequent commission of a crime by the applicant.

      (8) Any affidavits or other written documents, including character references.

**If you answered "YES" to questions (1), (2) or (3) above indicating that you have such a conviction, you may attach any information relevant for the Division to consider in reviewing your application. Such information can include, but not be limited to, the considerations listed above in (a) through (j) that the Division shall consider.**

**Any material misstatement on this application and/or other grounds besides convictions listed under N.C.G.S. § 20-294 may authorize the denial of the application.**

**If the Division denies an application based on a conviction, the applicant may appeal the denial under the procedures set forth under N.C.G.S. § 20-300 and Article IV of Chapter 150B. If the Division denies an application based on the remaining provisions of N.C.G.S. § 20-294, the applicant may seek an administrative hearing under N.C.G.S. § 20-296.**

N.C.G.S. § 93B-2 requires the Division to track and report to the Secretary of State, the Attorney General, Military & Veteran's Affairs, and the Joint Legislative Administrative Procedure Oversight Committee, an annual report containing the following information:

Is the applicant, listed on this application, active-duty military, a military veteran, or a military spouse?

Yes or No (circle one):

If yes, complete the below information:

| I am Active-Duty Military: | I am a Military Veteran | I am a Military Spouse: |
|---|---|---|
| **Yes** or **No** (circle one) | **Yes** or **No** (circle one) | **Yes** or **No** (circle one) |

Signature of Applicant: _____ Date: _____

County: _____ State: _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:
_____(name(s) of principal(s) ).

Notary
Signature _____

Notary Printed
or Typed Name _____

      (SEAL)                            My Commission Expires _____