

**North Carolina Department of Transportation  
Division of Motor Vehicles  
Vehicle Service Dealer Unit**

**AFFIDAVIT**

**Dealer No:** \_\_\_\_\_

This is to certify that I have authority to sign for \_\_\_\_\_  
Dealership Name

and that the answers given to the following questions are true and correct.

1. What is the average number of qualifying sales representatives you have employed during the previous twelve (12) months? \_\_\_\_\_

**NOTICE: A QUALIFYING SALES REPRESENTATIVE** is a person who works twenty-five (25) hours per week on a regular basis and is compensated by the dealer for his work.

2. How many vehicles/trailers were sold by your dealership in the previous twelve (12) months? \_\_\_\_\_

**Note: A sale requires a transfer of ownership and a re-assignment of title.**

I understand that any false or incorrect statement may result in the revocation of my dealer license and possible criminal prosecution.

**AN ACTIVE DEALER BOND IS REQUIRED TO OPERATE AS A NORTH CAROLINA AUTOMOTIVE DEALER. IF YOU HAVE OBTAINED A NEW BOND SINCE YOUR LAST RENEWAL, YOU MUST SUBMIT THE ORIGINAL SIGNED AND SEALED COPY TO THE DEALER UNIT FOR RECORDING.**

**ACKNOWLEDGEMENT:** I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Dealership corporate officer, LLC member, partner or proprietor \_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_ SEAL

Notary Public Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_