

APPLICATION FOR SALES REPRESENTATIVE LICENSE

FEE \$20.00 PER LICENSE
NORTH CAROLINA DIVISION OF MOTOR VEHICLES
VEHICLE SERVICES DEALER UNIT
3129 MAIL SERVICE CENTER
RALEIGH, NC 27697-3129

1. APPLICANT INFORMATION. Please print legibly. Use complete legal name as it appears on your Driver's License/ID Card.

Applicant Name: _____ Driver's License Number: _____

Physical Address: _____

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: _____

Signature of Employer: _____ Date: _____

3. AS THE APPLICANT, I HEREBY CERTIFY THAT:

(1.) The Division requires applicants to consent to a criminal history record check. Does the applicant consent? **Yes** or **No** (circle one) *Initial: _____

(2.) I have been convicted of an offense set forth under N.C.G.S. 20-106, 20-106.1, 20-107 or 20-112 within 5 years next preceding the date of filing the application. **Yes** or **No** (circle one)
*Initial: _____

(3.) 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: _____ (The Division may deny an application if it determines that the conviction is directly related to the duties and responsibilities for holding such a license).

(4.) 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: _____

(5.) 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:

- (a) The level and seriousness of the crime.
- (b) The date of the crime.
- (c) The age of the person at the time of the crime.
- (d) The circumstances surrounding the commission of the crime, if known.
- (e) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
- (f) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
- (g) The completion of, or active participation in, rehabilitative drug or alcohol treatment.
- (h) A Certificate of Relief granted pursuant to C.S. 15A-173.2.
- (i) The subsequent commission of a crime by the applicant.
- (j) Any affidavits or other written documents, including character references.

If you answered answer “YES” to questions (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 and/or other grounds listed under N.C.G.S. § 20-294, the applicant may appeal the denial under the procedures set forth under N.C.G.S. § 20-300, N.C.G.S. § 150B-45, and the remaining provisions of Article IV of Chapter 150B.

Signature of Applicant: _____ Date: _____

I certify that _____ personally appeared before me on _____
acknowledging to me that he/she voluntarily signed the foregoing document.

Notary Printed or Typed Name _____

Notary Signature _____ (SEAL)

My Commission Expires _____