



Kentucky Motor Vehicle Commission
SALESPERSON LICENSE APPLICATION

TC 98-04
03/2016

IMPORTANT NOTICE REGARDING ALL SALES PERSONNEL

All persons employed by a dealership in a sales capacity, even if on a temporary basis, and those individuals identified in 605 KAR 1:050 Section 5 must be properly licensed as a salesperson.

Salesperson license applications and license forms must be obtained from the office of the Motor Vehicle Commission. The salesperson license application and form must be completed and returned with a fee of \$20.00 for each applicant.

Any person who cannot produce a current salesperson license for the employing dealership upon the request of a Motor Vehicle Commission representative may have their license revoked and may subject the employing dealer to a penalty.



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This application must be completed in detail and typewritten or legibly printed. No application will be reviewed unless it is in compliance with the instructions set forth herein. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application. An incomplete application will be returned. The application must be returned to the Commission along with the license forms filled out in triplicate.

Applicant, as used in this application, means an individual who will work as a salesperson for a motor vehicle dealer licensed by the Commission.

1. The name of the applicant, including any aliases. _____

2. Name of the employing dealership. _____

3. Address of the dealership where the salesperson will work.

Street _____ City _____ County _____

Zip Code _____ Business Telephone Number(s) _____ Fax _____

All applicants must complete the following personal data form and authorize the Motor Vehicle Commission to run National Criminal Information Checks on their past record, if any. **The employing dealership shall pay any fee for a Criminal background check upon the Commission's request.**

DATA FORM

A. Full Name: _____
Last First Middle

B. Date of Birth: _____ Place of Birth: _____ S.S.#: _____

C. Driver License#: _____ State: _____ Home Phone #: _____ Cell Phone #: _____

D. Residential Address: _____

E. Have you ever been convicted of any criminal offense (misdemeanor or felony) or are you under any order of any court in this state or any other state? Yes ___ No ___. If yes, explain charge, disposition, location of the court and date of conviction, and state.

F. Have you ever been granted a dealer license or salesperson license in Kentucky or any other state? Yes ___ No ___ If yes, under what name, what year, what county, and what state?

G. Have you ever been denied a dealer or salesperson license OR ever had a dealer or salesperson license suspended or revoked in Kentucky or any other state? Yes ___ No ___ If yes, give reason for action: _____



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RELEASE FORM

_____ hereby authorizes all persons who may be contacted by the Motor Vehicle Commission to release any and all information that they may have concerning my employment, credit, or criminal records.

(Signature of Applicant)

STATE OF KENTUCKY)
COUNTY OF _____)

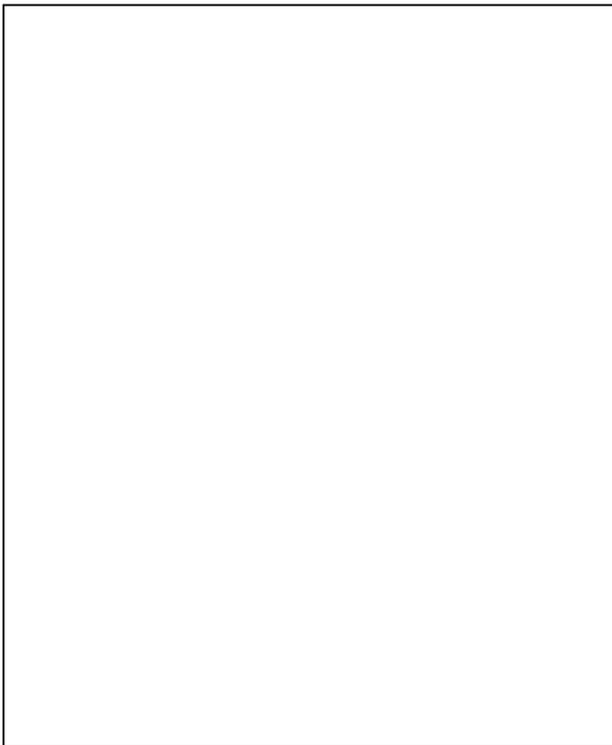
Subscribed and sworn to before me this ____ day of _____, 20__.

(SEAL)

(Notary Public)

My Commission Expires : _____

Photograph of each person named on Page 1, Item #1.
Photograph must be less than one (1) year old, clearly show identity of each person depicted, and be at least a 3" x 5" in size



Name of Person Shown



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EMPLOYMENT HISTORY

List each place of employment with a motor vehicle dealership for past five (5) years, beginning with the most recent. If you have never been employed by a motor vehicle dealership, state "No previous motor vehicle sales experience."

Place of Employment	Address	Dates Worked	Job Title or Description
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEET.

VERIFICATION

COMMONWEALTH OF KENTUCKY
COUNTY OF _____, TO WIT:

The undersigned states that he/she is the applicant, that he/she has read the statements contained in this application, and that the same are true and correct. He/she further agrees to notify the Commission immediately of any change to the answers or statements in this application. That statements made herein are made under full and complete knowledge of the penalty of perjury and that fraudulent or misleading statements may be grounds for suspension, revocation, or denial of the license for which this application is submitted, and/or criminal charges pursuant to KRS 523.100.

(Signature of Applicant)

COMMONWEALTH OF KENTUCKY
COUNTY OF _____

Subscribed and sworn to before me this ____ day of _____, 20____.

(SEAL)

(Notary Public)

My Commission Expires: _____

Employing Dealership by _____ its _____
Name Position

Date: _____

PURSUANT TO KRS 190.063, ALL RECORDS OF THE COMMISSION ARE AVAILABLE FOR PUBLIC INSPECTION.



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REQUEST FOR PAPER APPLICATIONS

Please print this form and mail to the:

**Motor Vehicle Commission
105 Sea Hero Road, Suite 1
Frankfort, Kentucky 40601**

Please send me _____ salesperson license application forms.

Dealer Name _____

Dealer Address _____

Dealer City, Zip Code _____