

Transfer Fee \$12.00

Folder # _____

Dealer # _____

**LICENSE TRANSFER APPLICATION FOR VEHICLE SALESPERSON,
FACTORY REPRESENTATIVE OR DISTRIBUTOR REPRESENTATIVE**

1. _____ 2. _____
Social Security Number Applicants Last Name First Name M.I.
3. _____
Applicants Home Street Address City Co State Zip Code
4. _____ 5. _____
Applicants Home Phone Number Drivers License Number State/Issued
6. _____ 7. Sex: _____
Date of Birth
8. I REQUEST THE FOLLOWING LICENSE: _____

9.

MUST BE COMPLETED BY FORMER EMPLOYER

F# _____

The above named applicant is no longer employed by my dealership. I have either attached their certificate to this transfer application or have returned the original copy of said employee's license certificate to the Division of Vehicles.

D# _____ Business Phone Number _____

Dealer Business Name _____

Dealer Business Address _____
Street City County State Zip

Signature of Owner or Authorized Representative & Title Date

10.

TO BE COMPLETED BY NEW EMPLOYER

F# _____

I certify that the above mentioned applicant is now employed by my dealership and I have the authority to sign his transfer application as proprietor, partner, corporate officer or general manager.

D# _____ Business Phone Number _____

Dealer Business Name _____

Dealer Business Address _____
Street City County State Zip

Signature of Owner or Authorized Representative & Title Date

11. _____
Applicants Signature **Date**