

SALESPERSON LICENSE APPLICATION REQUEST FOR CRIMINAL BACKGROUND CHECK

MVDB USE ONLY	
Dealer Cert #	_____
License Exp Date	_____
License Fee	_____
Tech Initials	_____

Purpose: Use this form to apply for a salesperson license or criminal background check.
Instructions: Complete sections 1, 2 and 3. Request your employing dealership to complete section 4. Mail completed form and supporting documentation to MVDB at the above address.

1. APPLICATION TYPE		
<input type="checkbox"/> Original	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer (attach existing license if available)

2. APPLICANT INFORMATION						
FULL LEGAL NAME (last)		(first)	(middle)		(suffix)	
LIST ANY AND ALL NAMES USED (aliases, maiden name, nicknames, etc.)				CURRENT EMAIL ADDRESS		
RESIDENCE STREET ADDRESS			CITY		STATE	ZIP CODE
GENDER (check one)	RACE	WEIGHT	HEIGHT	EYE COLOR	HAIR COLOR	DMV CUSTOMER NUMBER / SSN
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		lbs	ft. in.			
PLACE OF BIRTH (city/county, state, country)			BIRTH DATE (mm/dd/yyyy)		PRIMARY CONTACT PHONE NUMBER	

3. APPLICANT CERTIFICATION - CONSENT FOR CRIMINAL HISTORY CHECK

Virginia Code § 46.2-1575 lists specific circumstances under which a license for a motor vehicle dealer salesperson or dealer-operator license may be denied. Specifically, your application for a license may be denied for having been convicted of any of the following offenses:

- Any criminal offense classified as a felony.
- Any criminal act involving the business of selling vehicles.
- Any fraudulent act in connection with the business of selling vehicles or any consumer-related fraud.
- Larceny of a vehicle or receipt or sale of a stolen vehicle
- Odometer tampering or any related violation

Each application will be reviewed carefully and consideration will be given to all relevant information. If you have been convicted of any of the listed offenses, submit with your application, documentation and/or written explanation or statement concerning the convictions.

Note: You should include attested copies of your convictions and if you have been released from probation/parole, evidence of this fact.

A. Have you ever been refused a motor vehicle dealer's or salesperson's license or had such license suspended or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Have you ever been convicted of a felony?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Have you ever been convicted of any fraudulent or criminal act involving the business of selling motor vehicles?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Have you ever been convicted of odometer tampering, larceny of a vehicle or receipt or sale of a stolen vehicle?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* If the answer to questions B, C, or D is YES, **attach** a copy of conviction record(s), name of probation officer, date(s), and court jurisdiction(s).

I understand that untruthful or misleading answers are cause for denial of the application. I further understand that it is unlawful to knowingly make a false statement and any violation may be prosecuted to the full extent of the law. I authorize the Motor Vehicle Dealer Board to conduct a criminal history inquiry solely for the purpose of evaluating my application.

I certify and affirm that all the information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT NAME (print)	APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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PRIVACY NOTICE: In accordance with Virginia Code §§ 2.2-803 and 2.2-4800, et al., the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

4. EMPLOYING DEALER CERTIFICATION

TRADING AS NAME	PRIMARY CONTACT PHONE NUMBER	DEALER CERT. NUMBER
BUSINESS STREET ADDRESS	CITY	STATE
		ZIP CODE

Criminal Record Check Vendor (original application) Complete if the dealer performs the criminal history check:	VENDOR NAME	BACKGROUND CHECK REPORT NUMBER
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I certify that the applicant named herein is employed by the firm as a salesperson or representative and is not an independent contractor. If application is for a salesperson's license, I certify the applicant is not employed by another dealer unless the dealerships are owned by the same person, partnership or corporation. I certify and affirm that all the information presented in this form is true and correct. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER / PARTNER / OFFICER NAME (print)	OWNER / PARTNER / OFFICER SIGNATURE	DATE (mm/dd/yyyy)
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