

Ар	plica	ation for Vehi	cle Salesmar	n's License		
Type of	f Licer	nse: 🗖 New	Transfer	Corrected	Duplicate	
ûName of Applicant - Firs		olicant - First		Middle	Last	Suffix (Jr., Sr., III, etc.)
Street Addres		3	City		State	Zip Code
Date of	Birth	Driver License	Number and State of Is	suance	Social Security Number	Home Telephone Number
Backgr Yes	round No	Questions for Applica	nt:			
					ealer in this or any other state? Lic. #	
			d a dealer, salesman, or	title service license i	State:	•
		Business Name:			State:	_ Exp. Date:
		4. Have there ever bee	n any administrative act a detailed statement on			nes pending against any license you have date of action, business name and license
		5. Have you ever been detailed statement or probation in the p	convicted of a crime <b>of</b> f charges, include date	s and circumstances t from your parole or	surrounding the incidents; and	ositions of charges from the court; give a if you are currently or have been on parole it must indicate the terms and your current
<b>Certification of Applicant:</b> I certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge, information and belief. I also certify that I am familiar with the motor vehicle licensing laws and other laws of Maryland governing the conduct of motor vehicle salesman and will cooperate with the Motor Vehicle Administration in the enforcement of the applicable provisions of the Transportation Article and the agency regulations and that I will engage in the business of selling motor vehicles or trailers only for the dealer(s) for which the Dealer Licensing has so						
authoriz	zed.	Full Signature of Applicant:				Date:
Certification of Dealer: It is certified that the above named person is employed and duly appointed as a salesman by the undersigned, a licensed motor vehicle dealer. I/we assume responsibility for making certain the sales applicant does not sell vehicles until this application has been approved and a license has been issued. Important Notice to Dealership: This is not a license to sell vehicles. This form must be approved by the MVA. Once approved, the employing dealer will receive a computer license authorization, which the salesperson will take to an MVA office. He/She will pay the appropriate fee, have their photo taken, and be issued a photo vehicle sales license. The sales applicant may not sell vehicles until the sales license is issued.						
ûFull Ν	ame of	<sup>f</sup> Dealership (Include cor	porate name and trade	name )	Dealer Number/Sou	undex
Dealers	hip Str	eet Address		City	State	Zip Code
Dealership Contact (Full Name) Title					Phone Number	
Signature of Owner, Partner or Officer of Corporation						Date
MVA Use Only: Cash Check App. Verified by:						
Applica	ation:	Approved Reje	cted By:			Date:

For more information, please call: **1-800-638-8347** (touch tone calls only), **1-800-950-1MVA (1682)** (to speak with a customer service representative), From Out-of-State: **1-301-729-4550**, TTY for the hearing impaired: **1-800-492-4575**. Visit our website at: **www.marylandmva.com** 



## **MVA Criminal Record Request Form**

Please place your photo driver's license below and photocopy.					
By my signature, I authorize the Motor Vehicle Administration to perform a criminal background check.					
Signature Date					
Name of Business					
Type of License: 🔲 Dealer 🔲 Salesman 🔲 Professional Driver Instructor 🔲 Title Service Agent 🔲 Other					
Instructions for Criminal Background Request This form is to be used for the processing of your Maryland criminal background check. At the present time no fee will be charged for this service.					
Maryland Residents:					
<ul> <li>This form must accompany all applications from licensees or anyone with a financial interest in a business.</li> <li>Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Photo ID card on the front of this form.</li> </ul>					
<ul> <li>If you have a change of address that does not appear on your license or your ID, please note it on the form.</li> <li>Sign the photocopy.</li> </ul>					
<ul> <li>The photocopy which contains your original signature must be submitted with your application to the Motor Vehicle Administration.</li> </ul>					
<ul> <li>Out of State Residence:</li> <li>Applicants will be required to request Criminal Justice Information System background checks from the</li> </ul>					
<ul> <li>appropriate Law Enforcement Agency in their state of residence.</li> <li>The background checks should not be sent directly from the appropriate Law Enforcement Agency to the Motor</li> </ul>					
<ul> <li>Vehicle Administration.</li> <li>For identification purposes you must submit a clear legible copy of your out-of-state driver's license or a Photo ID on this form.</li> </ul>					
MVA Use Only:					