



**LOUISIANA MOTOR VEHICLE COMMISSION
APPLICATION FOR LICENSE AS A
SALESMAN FOR A SPECIALTY VEHICLE DEALER**

FOR OFFICIAL USE ONLY

License # _____

Date Issued _____

Deposit Date _____

Check # _____

Check Amount \$ _____

**RETURN THIS DOCUMENT AND THE \$30.00 TO THE:
LOUISIANA MOTOR VEHICLE COMMISSION
3519 12TH STREET, METAIRIE, LOUISIANA 70002**

Name of Salesman (Hereinafter referred to as Applicant)			Current Salesman License No. (If applicable.) SV-			
Social Security Number		Date of Birth	State Driver's License was issued		Driver's License Number	
Residence Address of Applicant						
City		Parish/County		State	Zip Code	
Name of Specialty Vehicle Dealer Employer (Hereinafter referred to as Employer)						
Physical Address of Employer						
City		Parish/County		State	Zip Code	
Area Code/Phone Number of Employer	Fax Number of Employer		Toll Free Number of Employer	E-Mail Address of Employer	Web Site of Employer	
Date employment commenced with present employer as a Salesman						
Has your application for a license as a Salesman ever been denied or revoked by this or any other state? If yes, give full details on back of this form.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested or convicted of any crime other than a traffic violation? If yes, give full details on back of this form.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been bonded? If yes, give full name and complete address of bonding company on back of this form.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any bonding company ever canceled your bond for cause? If yes, give full details on back of this form.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment record: (List previous employment)						
Employed by		Address			From	To
<u>CERTIFICATION BY APPLICANT</u>						
<p><i>I have read the foregoing application and I know the contents thereof. All matters and things therein set forth are true under penalty of perjury. I agree to conform to any law relating to the sale, lease or rental, distribution, or financing of motor vehicles and the rules and regulations promulgated by the Louisiana Motor Vehicle Commission. I hereby authorize the release to the Louisiana Motor Vehicle Commission of any and all records pertaining to my employment and criminal background.</i></p>						
Signature				Date		
Print Name						
<u>EMPLOYING DEALERSHIP'S ACKNOWLEDGMENT</u>						
<p><i>I hereby certify that I am the authorized representative of the employing dealership named herein. It is my intention to employ the above named applicant when he/she receives a license from the Louisiana Motor Vehicle Commission.</i></p>						
Signature				Title		
Print Name				Date		