

**NORTH CAROLINA STATE HIGHWAY PATROL
INVESTIGATIVE SERVICES UNIT – DEALER SECTION
3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129**

AFFIDAVIT

Dealer No: _____

This is to certify that I have the authority to sign for _____
Dealership Name

and that the answers given to the following questions are true and correct.

1. What is the average number of qualifying sales representatives you have employed during the previous twelve (12) months? _____

NOTE: A qualifying sales representative is a person who works twenty-five (25) hours per week on a regular basis and is compensated by the dealer for their work.

2. How many vehicles/trailers were sold by your dealership in the previous twelve (12) months? _____

NOTE: A sale requires a transfer of ownership and a reassignment of title.

I understand that any false or incorrect statement may result in the revocation of my dealer license and possible criminal prosecution.

An active dealer bond is required to operate as a North Carolina automotive dealer. If you have obtained a new bond since your last renewal, you must submit the original signed and sealed copy to the Dealer Unit for recording.

ACKNOWLEDGEMENT

I certify that the above information is true and accurate to the best of my knowledge.

Signature of Dealership Corporate Officer, LLC Member, Partner or Proprietor

Date

Signature of Applicant: _____

Date: _____ County: _____ State: _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and, in the capacity, indicated:

(Name of principal(s)).

Notary
Signature: _____

Notary Printed
or Typed Name: _____

(SEAL)

My Commission Expires : _____