FEES: $25.50 per applicant per year

NORTH CAROLINA STATE HIGHWAY PATROL

INVESTIGATIVE SERVICES UNIT – DEALER SECTION

3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

APPLICATION FOR SALES REPRESENTATIVE LICENSE

1. APPLICANT INFORMATION.

Please print legibly. Illegible forms will not be processed. Use complete legal name as it appears on your Driver's License/ID Card.

Applicant Name:_____ Driver's License State / Number: _____ / _____

Physical Address: _____

City:_____ State:_____ Zip:_____

Birthdate:_____ Race:_____ Weight:_____

Hair Color: _____Sex:_____ Height:_____ Eye Color:_____

☐ Dealer Sales Representative ☐ Distributor Sales Representative ☐ Factory Representative

2. ENDORSEMENT BY EMPLOYER. AS EMPLOYER I UNDERSTAND THAT I AM RESPONSIBLE FOR THE ACTS OF ALL SALES REPRESENTATIVES EMPLOYED BY ME WHILE ACTING AS MY AGENT.

Business Name: _____ Dealer License Number: _____

Address: _____

Printed Name of Employer:_____

Signature of Employer:_____ Date:_____

3. AS THE APPLICANT, I HEREBEY CERTIFY THAT:

(1) I have been convicted of an offense set forth under N.C.G.S. § 14-71.2, 20-106.1, 14-160.4 or 20-112 within 5 years next preceding the date of filing the application. ☐ **Yes** or ☐ **No** (*mark one*) ***Initial:** _____

(2) I have been convicted of a crime: (a) possibly related to the duties and responsibilities for holding a sales representative license; or (b) violent or sexual in nature. ☐ **Yes** or ☐ **No** (*mark one*) ***Initial:** _____

(3) I have previously been denied or had a license issued under the Dealer Licensing Act that was suspended or revoked. ☐ **Yes** or ☐ **No** (*mark one*) ***Initial:**_____

(4) I am familiar with and will comply with all the laws and regulations governing the conduct of motor vehicle dealers or sales representatives and will cooperate with the Division and the North Carolina State Highway Patrol in administering the North Carolina Motor Vehicle Dealers and Manufacturers Act. The information and certifications contained in this application are true and correct to the best of my knowledge and belief. ☐ **Yes** or ☐ **No** (*mark one*) ***Initial:**_____

In reviewing an application, the Division may only deny an application based on a conviction under the requirements of N.C.G.S. § 20-294 and N.C.G.S. § 93B-8.1. Upon review of the application where the applicant has a criminal conviction, the Division shall consider:

(1) The level and seriousness of the crime.
(2) The date of the crime.
(3) The age of the individual at the time of the crime.

Requirements continued.

(4) The circumstances surrounding the commission of the crime, if known.

(5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.

(6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.

(6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment.

(6b) A Certificate of Relief granted pursuant to G.S. 15A-173.2.

(7) The subsequent commission of a crime by the applicant.

(8) Any affidavits or other written documents, including character references.

If you answered "YES" to questions 3(1), 3(2), or 3(3) above indicating that you have such a conviction, you may attach any information relevant for the Division to consider in reviewing your application. Such information can include, but not be limited to, the considerations listed above in (1) through (8) that the Division shall consider.

Any material misstatement on this application and/or other grounds besides convictions listed under N.C.G.S. § 20-294 may authorize the denial of the application.

If the Division denies an application based on a conviction, the applicant may appeal the denial under the procedures set forth under N.C.G.S. § 20-300 and Article IV of Chapter 150B. If the Division denies an application based on the remaining provisions of N.C.G.S. § 20-294, the applicant may seek an administrative hearing under N.C.G.S. § 20-296.

N.C.G.S. § 93B-2 requires the Division to track and report to the Secretary of State, the Attorney General, Military & Veteran's Affairs, and the Joint Legislative Administrative Procedure Oversight Committee, an annual report containing the following information:

Is the applicant, listed on this application, active-duty military, a military veteran, or a military spouse?
☐ **Yes or** ☐ **No** (*mark one*)

If **yes**, complete the information below:

I am Active-Duty Military	I am a Military Veteran	I am a Military Spouse
☐ **Yes or** ☐ **No** (*mark one*)	☐ **Yes or** ☐ **No** (*mark one*)	☐ **Yes or** ☐ **No** (*mark one*)

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(s) of principal(s)).

Notary Signature _____ Notary Printed or Typed Name _____

(SEAL) My Commission Expires _____