

## OFF- HIGHWAY VEHICLE (OHV) LICENSING REQUIREMENTS

“Off-highway vehicle dealer” means any person who, for compensation, money or other thing of value sells, exchanges, buys, offers or displays for sale, negotiates or attempts to negotiate a sale or exchange of an interest in an off-highway vehicle; or is engaged wholly or in part in the business of selling, buying, or taking in trade off-highway vehicles. NRS 490.061.

1. Application for Business License (OBL237) completed in full and signed by a principal of the business.
2. Personal History Questionnaire (OBL242) must be completed by each principal of the business listed on the license application unless it has been less than one year since the principal last filed a PHQ with the Department.
3. Applicant photograph, which must be in color, at least 2” x 2” (passport photo size) and show full face, shoulders and above.
4. One set of fingerprints for each principal of the business. Applicants must be fingerprinted by an authorized DMV representative or a law enforcement agency. An applicant who has met the fingerprint requirement pursuant NRS 482.3163, NRS 482.325, NRS 482.333, NRS 482.362 is not required to submit additional fingerprints.
5. DPS Civil Applicant Waiver (OBL256) completed and signed by each applicant submitting a set of fingerprints.
6. A surety bond (OBL210) or deposit in lieu of bond in the amount of \$50,000. Motor vehicle dealers who have met the bonding requirements pursuant to NRS 482.345 are not required to secure an additional bond for their OHV license. The existing surety bond must be \$50,000 or greater and a surety rider must be submitted indicating the undertaking of OHV licensing activities pursuant to NRS 490.
7. Insurance Certificate. NRS 490.210
8. Non-refundable license application fee of \$126, which includes a Technology Fee.
9. Fingerprint fee of \$36.25 for each principal listed on application.
10. City or county business license.
11. Nevada Secretary of State Business License Number
12. Copy of Certificate of Incorporation and Corporate filing with names of the officers filed with the Nevada Secretary of State’s Office, if applicable.
13. An established place of business within the state, with a permanent enclosed building large enough to accommodate an office. The established place of business must also have boundaries, which are clearly marked.
14. A permanently affixed display sign with the name of the business in lettering eight inches high, formed by lines that are at least one inch wide. The sign must be clearly legible from the center of the nearest street or roadway.
15. Two color photographs that clearly show the exterior of the business to include the display sign.
16. A site inspection conducted by the Department.
17. **New OHV Dealers:** Dealer Franchise Certification (OBL253) from manufacturers or distributors, authorizing sale of designated OHV makes.
18. **Manufacturers:** Letter of confirmation from SAE Strategic Alliance notifying the applicant of their World Manufacture Identifier (WMI) assignment. Contact SAE at [www.sae.org](http://www.sae.org) or [douds@sae.org](mailto:douds@sae.org) or 724 772-8511.

Business licenses expire on December 31 of each year. The fee for licenses issued throughout the year is the same; there is no prorating of fees.

## **OHV REQUIREMENTS FOR NEW SALESPERSON**

1. Certificate of Employment (OBL236) completed and signed by a principal or authorized person of a licensed Nevada OHV Dealer.
2. Personal History Questionnaire (OBL242) completed by applicant.
3. Applicant photograph, which must be in color, at least 2" x 2" (passport photo size) and show full face, shoulders and above.
4. One set of fingerprints. Applicant must be fingerprinted by an authorized DMV representative or law enforcement agency. Some agencies may charge for fingerprinting. Check with your local agency.
5. DPS Civil Applicant Waiver (OBL256) completed and signed by each applicant.
6. Occupational License (Salesperson) Disclaimer (OBL264). Disclaimer must be notarized or signature witnessed by an authorized DMV representative.
7. Non-refundable license application fee.

Original License fee \$76.00  
Annual Renewal fee \$41.00  
Transfer fee \$21.00

## **OHV REQUIREMENTS FOR EXISTING SALESPERSON**

1. Certificate of Employment (OBL236) completed and signed by a principal or authorized person of a licensed Nevada OHV Dealer; required to add an OHV license to an existing Salesperson License or to transfer an existing Salesperson License to a new business.
2. Transfer fee of \$21.00 - only applies to existing salespersons transferring their Salesperson License to a new business.

Occupational salesperson licenses expire on December 31 of each year. The fee for licenses issued throughout the year is the same; there is no prorating of fees. If your license has been expired for 6 months or more, you must submit a new application and pay the original license fee.



## APPLICATION FOR BUSINESS LICENSE AND GARAGE REGISTRATION

State Business License Number \_\_\_\_\_ DMV License Number \_\_\_\_\_  
 (If new applicant, please leave blank)

Individual/Corporate Name \_\_\_\_\_

DBA Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Physical Address \_\_\_\_\_  
Street City State Zip

Business Phone Number \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ FEIN: \_\_\_\_\_

(If Applicable)

Reason for Submittal	Business Type	Dealer (Business Activity)	Schools (Business Activity)	Emission Control (Business Activity)
<input type="checkbox"/> Original Application	<input type="checkbox"/> Dealer	<input type="checkbox"/> New Motor Vehicle	<input type="checkbox"/> Drive School	<input type="checkbox"/> Emission
<input type="checkbox"/> Additional Location	<input type="checkbox"/> Off-Highway Vehicle	<input type="checkbox"/> Used Motor Vehicle	<input type="checkbox"/> Behind-the-Wheel	<input type="checkbox"/> Test Only
<input type="checkbox"/> Additional Activity	<input type="checkbox"/> Rebuilder	<input type="checkbox"/> New Trailer	<input type="checkbox"/> Classroom	<input type="checkbox"/> Test & Repair
<input type="checkbox"/> Deleting Activity:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Used Trailer	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Fleet, Test Only
	<input type="checkbox"/> Distributor	<input type="checkbox"/> New Motorcycle	<input type="checkbox"/> Internet	<input type="checkbox"/> Fleet, Test & Repair
<input type="checkbox"/> Duplicate License	<input type="checkbox"/> Wrecker	<input type="checkbox"/> Used Motorcycle	<input type="checkbox"/> Minors	
<input type="checkbox"/> Change of Principal(s)	<input type="checkbox"/> Salvage Pool	<input type="checkbox"/> Long Term Lessor	<input type="checkbox"/> Traffic Safety School	Wrecker
<input type="checkbox"/> Change of Corporation	<input type="checkbox"/> Transporter	<input type="checkbox"/> Short Term Lessor	<input type="checkbox"/> Correspondence	(Business Activity)
<input type="checkbox"/> Change of Curriculum	<input type="checkbox"/> Schools		<input type="checkbox"/> Internet	
<input type="checkbox"/> Change of Class Schedule	<input type="checkbox"/> Emission Control		<input type="checkbox"/> DUI School	<input type="checkbox"/> Electronic Notification
<input type="checkbox"/> Change of address	<input type="checkbox"/> Body Shop		<input type="checkbox"/> Correspondence	
<input type="checkbox"/> Change of Business Name	<input type="checkbox"/> Class A		<input type="checkbox"/> Internet	
Previous Name:	<input type="checkbox"/> Broker	Off-Highway Vehicle (OHV)		
	<input type="checkbox"/> Garage	(Business Activity)		
	# of Mechanics:	<input type="checkbox"/> New OHV		
		<input type="checkbox"/> Used OHV		
	Type of Repairs:	<input type="checkbox"/> OHV Long Term Lessor		
		<input type="checkbox"/> OHV Short Term Lessor		
		<input type="checkbox"/> OHV Manufacturer		

Dealers selling new vehicles must list vehicle makes franchised to sell:

Individual  Partnership  LLP  LLC  Corporation Incorporated in State of \_\_\_\_\_

**OWNERSHIP:** List name and title of each individual, each partner, whether general or limited, or each principal officer, director or stockholder participating in the direction, control or management of the policy of the business. Use separate page if necessary. Ownership change requires notification to the Department.

NAME (LAST, FIRST, MIDDLE)	TITLE

**Registered Agent:** \_\_\_\_\_

**For Garage Registration Only: Additional Location(s)**

Name of Business	Address	Phone Number and Manager's Name	# of Technicians

**Nevada Revised Statute and Nevada Administrative Code Chapters:**

NRS/NAC Chapters 445B & 482	NRS/NAC Chapters 482 & 490	NRS/NAC Chapter 483	NRS/NAC Chapters 487 & 597 (Body Shop & Garage only)
Station and Inspector licensing.	Broker, Dealer, Distributor, Long Term Lessor, Manufacturer, Rebuilder, Salesman, Short Term Lessor and Transporter licensing, including Off-Highway Vehicle Industry Licensing.	Instructor and School licensing.	Body Shop, Garage, Salvage Pool and Wrecker licensing or registration.

I understand providing false information or the omission of the requested information in this application is grounds to deny, suspend, or revoke my business license or registration and constitutes a gross misdemeanor under Chapter 482, 483, 487, 445B and 490 of the Nevada Revised Statutes. Furthermore, I understand it is my responsibility to review the aforementioned Nevada Revised Statute and Nevada Administrative Code Chapters with respect to the license or registration I am applying for and agree to comply with the requirements stated therein. I declare under penalty of perjury that the foregoing is true and correct.

**NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR OFFICER OF THE CORPORATION ONLY.**

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

State of Nevada  
 County of \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
 Notary Public or Authorized Nevada DMV Representative Signature (Notary seal)



Applicant's Name \_\_\_\_\_

**Personal History Questionnaire**
**List names, complete address, and phone numbers of two personal references.**

Name	Address	Phone Number

**Drive, DUI or Traffic Safety applicants only:**

 Have you ever been arrested or convicted of a crime or offense, either felony, gross misdemeanor or misdemeanor, including traffic misdemeanor offenses?  Yes  No

**All other applicants:**

 Have you ever been arrested or convicted of a crime or offense, either felony, gross misdemeanor or misdemeanor, excluding traffic misdemeanor offenses?  Yes  No

If "Yes," list separate charge by date of arrest. Describe the offense, court, and disposition in the appropriate columns. If additional space required, use a separate sheet of paper.

Date of Arrest	Nature of Offense	Court of Jurisdiction	Disposition of Offense

 Are you currently, or have you ever been under supervision of a parole or probation agency of any state? If so, provide name and address of the agency, name of supervising officer and phone number. Provide a copy of your discharge; if appropriate (*explain.*)

**Child Support Information:**

Nevada Revised Statute 482.319 requires all professional and occupational licensing agencies to request statements regarding child support from applicants for new licenses and for renewal of all occupational licenses. Please mark the appropriate response and complete the remainder of the form. Failure to mark one of the three and completion of the form will result in denial of the application.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.



Applicant's Name \_\_\_\_\_

Personal History Questionnaire

Have you previously held or do you presently have a business or occupational license issued by the Department of Motor Vehicles in this State or by any other State's occupational licensing authority? [ ] Yes [ ] No

If "Yes", license number \_\_\_\_\_ State \_\_\_\_\_

Have you ever had a business or occupational license, in this state or any other state including a driver's license, which was denied, suspended, revoked, or had administrative sanction against it? [ ] Yes [ ] No (if Yes, explain)

I hereby authorize the Department of Motor Vehicles to make any background investigation necessary as it pertains to the issuance of my license. In relation, I authorize any person or entity contacted by the Department of Motor Vehicles, its agents or employees to furnish any information or opinions they may have during the course of my initial background investigation. I release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, Department of Motor Vehicles, its agents or employees and all persons or entities furnishing information or opinions to the Department of Motor Vehicles related to my background investigation. I understand providing false information or the omission of the requested information in this questionnaire is grounds to deny, suspend, or revoke my business or occupational license. Furthermore, I understand filing false information to obtain any license or permit is a criminal act as defined in Nevada Revised Statutes and Nevada Administrative Codes in addition to being subject to the administrative sanctions as prescribed by law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

State of Nevada
County of \_\_\_\_\_
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

Notary Public or Authorized Nevada DMV Representative \_\_\_\_\_ (Notary Seal)

For Department Use Only
Case No \_\_\_\_\_
[ ] Application completed and signed [ ] Fingerprints [ ] Background Investigation [ ] Total Fees \$ \_\_\_\_\_

Recommendation: [ ] Approved [ ] Denied

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Investigator (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

## LETTER OF AUTHORIZATION

*Please print or type*

Business Name: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please check appropriate authorization boxes:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> All Activities    | <input type="checkbox"/> Pick Up Licenses | <input type="checkbox"/> Pick Up Plates/Decals |
| <input type="checkbox"/> Pick Up Supplies  | <input type="checkbox"/> Pick Up Titles   | <input type="checkbox"/> Sign Forms            |
| <input type="checkbox"/> Sign Renewal Form | <input type="checkbox"/> Sign Titles      |  |

\_\_\_\_\_  
Printed Name of Authorized Agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Authorized Agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Authorized Agent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Authorized Agent

\_\_\_\_\_  
Signature

**The listed Agent(s) is no longer authorized to represent my business:**

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Printed Name of Agent

\_\_\_\_\_  
Printed Name of Agent

I hereby authorize the changes as indicated above for my business with the Nevada Department of Motor Vehicles.

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

To protect your business, notify the Department immediately of any changes to the above information.





## FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) \_\_\_\_\_ that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) \_\_\_\_\_, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submitting Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency representative: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## VEHICLE INDUSTRY BUSINESS LICENSE BOND

Bond Number \_\_\_\_\_

License Type:

- Broker
- Dealer/Rebuilder/Lessor
- Distributor
- Manufacturer
- Off-Highway Vehicle

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_, as principal,  
(Individual or Corporate Name and Name Doing Business as)

located in the County of \_\_\_\_\_, State of Nevada, obligee, and  
\_\_\_\_\_, a corporation organized and existing under and by virtue of the  
(Name of Surety)

laws of the State of \_\_\_\_\_, and authorized to transact a surety business in the State of Nevada, as surety, are held and firmly bound unto the State of Nevada in the penal sum of \_\_\_\_\_ THOUSAND DOLLARS for the payment of which well and truly to be made we hereby bind ourselves, our respective heirs, administrators, executors, successors and assigns jointly and severally, firmly by these presents:

To be effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the above-named principal has been licensed to carry on or conduct in this State the business of buying, selling, transporting, manufacturing, distributing, brokering or dealing in new or used vehicles, trailers, motorcycles or semitrailers; and

WHEREAS, the above-named surety herein agrees that any consumer, as defined in NRS 482.345, injured by the action or actions of the principal and/or his salesmen involved in any fraud or fraudulent representation or in violation of any of the provisions of Chapter 482 or Chapter 490 of the Nevada Revised Statutes or Nevada Administrative Codes may bring action in said injured person's own name against the said surety. This bond is continuous in form and the total aggregate liability of the bond is limited to the payment of the total amount of the bond. In the event of a dispute of a claim by the surety company, application may be made to the Director, Department of Motor Vehicles for good cause shown. After notice and hearing, the director may authorize payment of funds from here said surety coverage.

Bond Number \_\_\_\_\_

This bond may be canceled by the surety at any time by giving written notice by registered mail of its desire and intention so to do. Said cancellation shall be effective thirty (30) days after the receipt of said notice by the State of Nevada Department of Motor Vehicles, Occupational and Business Licensing Section.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

X \_\_\_\_\_  
(Principal's Signature)

\_\_\_\_\_  
(Principal's Printed Name)

\_\_\_\_\_  
(Surety)

Telephone Number of Surety: \_\_\_\_\_

\_\_\_\_\_  
(Mailing Address of Surety Company, Street)

\_\_\_\_\_  
(City, State and Zip Code)

By \_\_\_\_\_  
(Signature, Attorney-In-Fact for Surety)

\_\_\_\_\_  
(Printed Name, Attorney-In-Fact)

(Surety Seal)

Countersigned on behalf of:

\_\_\_\_\_  
(Surety)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature, Agent)

\_\_\_\_\_  
(Printed Name, Agent)

\_\_\_\_\_  
(Business Name, Agent)

\_\_\_\_\_  
(Business Address, Agent)



DEALER FRANCHISE CERTIFICATION

License Number (If new applicant, please leave blank)

Individual/Corporate Name

DBA Name

Mailing Address Street City State Zip

Physical Address Street City State Zip

Business Phone Number FEIN

Manufacturer/Distributor Name

Mailing Address Street City State Zip

Physical Address Street City State Zip

Authorized Agent Phone Number

Authorized Agent Address Street City State Zip

Vehicle Make Contract Effective Date

Assigned Sales Location

Please check the box that applies to Highway Vehicle Dealers:

- Two checkboxes with text describing dealership establishment and relocation rules.

Please check the box that applies all Highway and Off-Highway Vehicle Dealers:

- Two checkboxes with text regarding contract filing requirements.

I certify that the identified dealer and manufacturer/distributor have executed a contract effective on the date specified, subject to the licensing provisions of NRS 482, for the representation and sales of the indicated make of motor vehicles in the listed assigned sales location.

Signature of Authorized Agent Date

NOTE: In case of franchise termination or expiration, Nevada Revised Statutes require that written notice be given the dealer, including the effective date and specific grounds for termination or expiration, at least 60 days prior to the effective date and that a copy of the notice be filed with the Director of the Nevada Department of Motor Vehicles.

### CERTIFICATE OF EMPLOYMENT

*Please type or print in ink.*

 **Salesman**
 **Inspector**

Class:

 One

 Two

 Gas

 Diesel

 **Drive School Instructor**
 CDL

 Non CDL

 **DUI School Instructor**
 **Traffic Safety School Instructor**
 New

 Renewal

 Transfer

 Behind the Wheel

 General Classroom

 General Classroom Under 18

 Trainee

**FEES**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**EMPLOYEE:**

Full Legal Name \_\_\_\_\_ Occupational License No. \_\_\_\_\_

 Mailing Address \_\_\_\_\_  
Street City State Zip

 Physical Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security No \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

I certify under penalty of perjury that all information contained in this application is true and correct.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER:**

Business Name \_\_\_\_\_ DMV License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

 \_\_\_\_\_  
 Authorized Representative's Printed Name

 \_\_\_\_\_  
 Authorized Representative's Signature Date

