



## OFF- HIGHWAY VEHICLE (OHV) INFORMATION

“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.**

### LICENSING REQUIREMENTS

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 Fingerprint Background 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. City or county business license.
9. Nevada Secretary of State Business License Number
10. Copy of Certificate of Incorporation and Corporate filing with names of the officers filed with the Nevada Secretary of State’s Office, if applicable.
11. 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.
12. 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.
13. Two color photographs that clearly show the exterior of the business to include the display sign.
14. A site inspection conducted by the Department.
15. **New OHV Dealers:** Dealer Franchise Certification (OBL253) from manufacturers or distributors, authorizing sale of designated OHV makes.
16. **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;

**FEES** there is no prorating of fees.

Non-refundable application fees.

Original License application fee: \$125

Fingerprint fee: \$39.00 for each principal submitting fingerprints to be process.

**Late Fees:** A license that expires for failure to renew may be reinstated upon submission of a completed renewal application, renewal fee, and a \$25.00 late fee.



## **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 Fingerprint Background 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.

### **Application fees (Non-refundable)**

Original License Fee \$75.00  
Fingerprinting Fee \$39.00  
Annual Renewal Fee \$40.00  
Transfer Fee \$20.00

## **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 Code

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

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

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

Reason for Submittal	Business Type	Dealer (Business Activity)	Schools (Business Activity)
<input type="checkbox"/> New Application <input type="checkbox"/> Principal Location <input type="checkbox"/> Branch Location <input type="checkbox"/> Change <i>Mark type of change(s)</i> <input type="checkbox"/> Add Activity <input type="checkbox"/> Remove Activity <input type="checkbox"/> Change of Principal(s) <input type="checkbox"/> Adding <input type="checkbox"/> Deleting <input type="checkbox"/> Change of Business Structure <input type="checkbox"/> Change of Business Address <input type="checkbox"/> Mailing <input type="checkbox"/> Physical <input type="checkbox"/> Change of Curriculum <input type="checkbox"/> Change of Class Schedule <input type="checkbox"/> Change of Email Address <input type="checkbox"/> Change of Business Name  _____ Requested Name  _____ Previous Name <input type="checkbox"/> Duplicate License	<input type="checkbox"/> Rebuilder <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Transporter <input type="checkbox"/> Broker <input type="checkbox"/> Wrecker <input type="checkbox"/> Electronic Notification <input type="checkbox"/> Salvage Pool <input type="checkbox"/> Consignment Auction <input type="checkbox"/> Live <input type="checkbox"/> Internet <input type="checkbox"/> Body Shop <input type="checkbox"/> Class A Certificate  <div style="text-align: center;"><b>Garage Registration</b></div> <input type="checkbox"/> Garage  Number of Technicians _____ Type of Repairs _____ _____	<input type="checkbox"/> Dealer <input type="checkbox"/> New Motor Vehicle <input type="checkbox"/> Used Motor Vehicle <input type="checkbox"/> New Trailer <input type="checkbox"/> Used Trailer <input type="checkbox"/> New Motorcycle <input type="checkbox"/> Used Motorcycle <input type="checkbox"/> Moped <input type="checkbox"/> Long Term Lessor <input type="checkbox"/> Short Term Lessor <input type="checkbox"/> Short Term Tlr Lessor <input type="checkbox"/> Consignment Auction <input type="checkbox"/> Live <input type="checkbox"/> Internet <input type="checkbox"/> OHV Dealer <input type="checkbox"/> New OHV <input type="checkbox"/> Used OHV <input type="checkbox"/> Long Term OHV Lessor <input type="checkbox"/> Short Term OHV Lessor <input type="checkbox"/> OHV Manufacturer	<input type="checkbox"/> Drive School <input type="checkbox"/> Behind-the-Wheel <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> Minors  <input type="checkbox"/> Traffic Safety School <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet <input type="checkbox"/> DUI School <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Internet  <div style="text-align: center;"><b>Emission Control (Business Activity)</b></div> <input type="checkbox"/> Emission Station <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Test Only <input type="checkbox"/> Test & Repair <input type="checkbox"/> Fleet, Test Only <input type="checkbox"/> Fleet, Test & Repair

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

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



**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's Information: \_\_\_\_\_

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

Name of Business	Address	Phone Number and Managers 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.**  
*Signatures must be original. Photocopies are not acceptable.*

\_\_\_\_\_  
 Applicant's Signature Title Date

State of Nevada  
 County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public or Authorized Nevada DMV Representative

\_\_\_\_\_  
 Notary Seal



## PERSONAL HISTORY QUESTIONNAIRE

New  Update

This questionnaire is filed as part of the licensing application for:

Business License:  Principal  Registered Agent/Manager

Occupational License:  Salesperson  Drive School Instructor  Traffic Safety School Instructor

Inspector  DUI School Instructor

**All lines and spaces must be completed in full. If not applicable, enter (N/A).**

Full Legal Name \_\_\_\_\_

Last

First

Middle

Additional names you have been known by (*maiden name, stage name, and nickname*):

\_\_\_\_\_

Mailing Address \_\_\_\_\_

Street

City

State

Zip

Physical Address \_\_\_\_\_

Street

City

State

Zip

Home Phone (\_\_\_\_) \_\_\_\_\_

Additional Phone (\_\_\_\_) \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

City

State

Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_

Female

Male

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

Scars, marks, and/or tattoos \_\_\_\_\_

**Employment History for the past 5 years beginning with the most current (*without gaps*):**

From (month/year)	To (month/year)	Employer	Complete Address/Telephone #



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)

<b>For Department Use Only</b>
Case No _____ <input type="checkbox"/> Application completed and signed <input type="checkbox"/> Fingerprints <input type="checkbox"/> Background Investigation <input type="checkbox"/> 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.





## 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.



Nevada Department of  
**Public Safety**  
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by \_\_\_\_\_ (*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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

\_\_\_\_\_ *Initial*

\_\_\_\_\_ *Date*



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)  
(The Corporate Seal of the Surety Company must be imprinted or affixed to the bond form)

(Surety Seal)



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:

- This dealership is NOT establishing, relocating or reopening at a location within the relevant market area of existing franchised dealers. Relevant market area is defined in NRS 482.3634
This dealership is establishing, relocating or reopening at a location within the relevant market area of existing franchised dealers and proper written notice of intent to enter into this franchise agreement has been made to the department and to each such existing franchised dealer as required by NRS 482.36357

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

- A copy of the contract, including specific dealer delivery and preparation obligations, is attached for filing as required.
A blanket contract, including specific dealer delivery and preparation obligations has been or is filed as required by law.

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. Manufacturer and distributor responsibilities, when franchising Nevada vehicle dealers, are included in Nevada Revised Statutes Chapters 482 and 490



### 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 \_\_\_\_\_



## OCCUPATIONAL LICENSE (SALESPERSON) DISCLAIMER

I, (print name) \_\_\_\_\_, as an applicant for a State of Nevada, Department of Motor Vehicles occupational (salesperson) license, acknowledge the following Nevada Revised Statutes:

- 482.362.1 Payment of a non-refundable license fee of \$75 . The license expires on December December 31 of each calendar year and may be renewed annually upon the payment of a fee of \$40 . A non-refundable fee of \$40.25, for fingerprint processing.
- 482.362.4 An application for a salesperson’s license may be denied and a salesperson’s license may be suspended or revoked upon the following grounds:
  1. Failure of an applicant to establish by proof satisfactory to the department that he is employed by a licensed and bonded vehicle dealer, trailer dealer or semitrailer dealer, lessor or rebuilder.
  2. Conviction of a class A or B felony.
  3. Conviction of a class C, D, or E felony within the immediately preceding 10 years
  4. Conviction of a gross misdemeanor within the immediately preceding 10 years.
  5. Conviction of a misdemeanor within the immediately preceding 20 years for violation of any of the provisions of this chapter.
  6. Falsification of the application.
  7. Evidence of unfitness as described in NRS 482.3255
  8. Failure of the applicant to provide any information deemed necessary by the Department to process the application.
  9. Any reason determined by the director to be in the best interest of the public.

I am a resident of the State of \_\_\_\_\_  
Driver’s License No. \_\_\_\_\_ State \_\_\_\_\_

- 483.245.1 When a person becomes a resident of Nevada as defined in Chapters 482 and 483 of the NRS he must, within 30 days, obtain a Nevada driver’s license as a prerequisite to driving any motor vehicle in the State of Nevada.

**Signatures must be original. Photocopies are not acceptable.**

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

State of Nevada, County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public **or** Authorized Nevada DMV Representative

\_\_\_\_\_  
(Notary seal)