



Mississippi Motor Vehicle Commission
1755 Lelia Drive, Suite 200
Jackson, MS 39216
601-987-3995
Fax: 601-987-3997
info@mmvc.state.ms.us

Amount Paid	\$ _____
Date Paid:	_____
Check Number:	_____

Preferred Provider of Staffed Sales Event ****Contract Company Application Form****

PLEASE TYPE OR PRINT

Company contracting with applying dealership _____

Physical address at which business is conducted

Street Number and Name: _____

City, State, Zip: _____ County: _____

Mailing Address if different from physical address:

Street Number and Name: _____

City, State, Zip: _____

Owner Contact Information of contracting company applying with dealership:

Name: _____ SSN Number: _____

Phone: () _____ Fax: () _____

Street Number and Name: _____

City, State, Zip: _____ County: _____

E-Mail: _____

References for contracting company:

Please provide the names, addresses and telephone number for at least three dealerships that have been contracted by the applying Contracting Company in the past two years.

Name of Dealership: _____

Owners Name: _____ Phone: () _____

Street Number and Name: _____

City, State, Zip: _____ County: _____

E-Mail: _____ Fax: () _____

Name of Dealership: _____

Owners Name: _____ Phone: () _____

Street Number and Name: _____

City, State, Zip: _____ County: _____

E-Mail: _____ Fax: () _____

Name of Dealership: _____

Owners Name: _____ Phone: () _____

Street Number and Name: _____

City, State, Zip: _____ County: _____

E-Mail: _____ Fax: () _____



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Proposed Staffed Sales Event **Dealership Application Form**

PLEASE TYPE OR PRINT

Name in which business is conducted for sales event (dealership name and license number): _____

Physical address at which business is conducted

Street Number and Name: _____

City, State, Zip: _____ County: _____

Phone: _____ e-mail: _____

Dates of Sales Event: _____

Company contracting with applying dealership _____

Contact Information of contracting company applying with dealership:

Name: _____

Phone: () _____ Fax: () _____

Street Number and Name: _____

City, State, Zip: _____ County: _____

E-Mail: _____

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions under the law which this application is made, and that I, as proprietor, partner, or authorized official of the corporation have authority to make the statements contained herein. I authorize and consent to your request of the inspection of any and all criminal records information in the possession of or accessible by the Mississippi Justice Information Center, including, but not limited to, any past history of a criminal offense(s) for which I may have been charged or convicted.

Signed _____
 (personal signature of authorized official or firm)

Title _____

(SEAL) Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____

 (Notary Public)

My commission expires _____

STATE OF _____

COUNTY OF _____

MAIL ALL DOCUMENTS TO THE ADDRESS LISTED ON FRONT OF APPLICATION. ALL INFORMATION MUST BE RECEIVED BEFORE PERMISSION IS GRANTED. APPLICATIONS FOR SALES EVENTS MUST BE RECEIVED 15 DAYS PRIOR TO THE FIRST DAY OF THE PROPOSED SALES EVENT.

- The following must be submitted with this completed notarized application**
- \$10.00 per salesperson application for sales license to dealership
 - \$40.00 per new salesperson application to cover background.
 - Contracting Company Application and list of salespeople assigned to event (attachment).



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For Office Use Only:	
<input type="checkbox"/>	Background Check Paid
Ck#	_____
Amt Pd	_____
<input type="checkbox"/>	License Fee Paid
Ck#	_____
Amt Pd	_____

Application for Staffed Sales Event Personnel

PLEASE TYPE OR PRINT

- 1) Staffed Sales Event Dates: _____
- 2) **Name:** _____
Social Security Number: _____ **Date of Birth:** _____
Residence Address: Street Number and Name: _____
City, State, Zip: _____ County: _____
- 3) Have you ever been licensed to sell cars in Mississippi? YES NO Have you been licensed in the last year in Mississippi? YES NO
(If you answered YES to either one of these questions, please list dealerships and dates on lines below)

- 4) Have you ever been charged with a felony or misdemeanor? YES NO Have you ever been, or are you now, under indictment, or do you have pending charges against you of a criminal nature, other than traffic violations? YES NO
(If answer to either of these is YES, please list details on lines below. If additional room is needed, attach a separate full-size (8 1/2 X 11) sheet. Include court and/or police records, even if dismissed or pending.)

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief; that I am familiar with the provisions under the law which this application is made. I authorize and consent to your request of the inspection of any and all criminal records information in the possession of or accessible by the Mississippi Justice Information Center, including, but not limited to, any past history of a criminal offense(s) for which I may have been charged or convicted.

Signed _____
 (Applicant's Signature)

(SEAL) Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____

 (Notary Public) My commission expires _____

STATE OF _____

COUNTY OF _____

EMPLOYER'S ENDORSMENT

The foregoing answers by the above applicant have been read by me and are believed to be true to the best of my knowledge and belief. The applicant is recommended as trustworthy and a person who will abide by the provisions of the law and rules and regulations governing the sale of new motor vehicles.

Authorized Signature of Employer: _____ Title: _____
 Name of Company: _____