



# MISSISSIPPI MOTOR VEHICLE COMMISSION

1755 Lelia Drive, Suite 200  
Jackson, MS 39216  
**Phone:** 601-987-3995  
**Fax:** 601-987-3997  
**Email:** info@mmvc.ms.gov

FOR OFFICE USE ONLY
Amount Paid:
\$ _____
Date Paid:
_____
Check Number:
_____

## STAFF SALES EVENT PACKET

*Only required for first sale.*

**Company contracting** with applying dealership: \_\_\_\_\_

**Physical address** at which business is conducted

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

City, State, Zip: \_\_\_\_\_

**Mailing address** if different from physical address

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

City, State, Zip: \_\_\_\_\_

**Owner contact information** of contracting company applying with dealership

Name: \_\_\_\_\_ SSN Number: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

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

Email: \_\_\_\_\_

**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:

Owner Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Name of Dealership:

Owner Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Name of Dealership:

Owner Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

**SALES PERSONNEL ASSIGNED TO STAFFED SALES EVENT**

Sale Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name	Address	SSN	Date of Birth

(please make copies of form if additional space is needed)



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## PROPOSED STAFFED SALES EVENT

*Can be completed by Staffed Sales Event company.*

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

\_\_\_\_\_

**Physical address** at which business is conducted

Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: ( \_\_\_\_ ) \_\_\_\_\_

**Dates of Sales Event:** \_\_\_\_\_

**Company contracting** with applying dealership: \_\_\_\_\_

**Contact information** of contracting company applying with dealership

Name: \_\_\_\_\_  
Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

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)

\_\_\_\_\_  
(Notary Public)



Subscribed and sworn to (or affirmed)  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_



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## APPLICATION FOR STAFFED SALES EVENT PERSONNEL

*Make copies as needed.*

**1. Staffed Sales Event Dates:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Residence Address**  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**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 on 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 (8.5" x 11") sheet. Include court and/or police records, even if dismissed or pending.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have carefully read and understand this disclosure and authorization form and I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" provided with this form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by LaborChex, and to the release of such reports to the company and its designated representatives for the purpose of assisting the company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

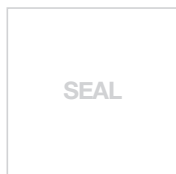
By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the company.

This information is being collected to conduct the background screen on you. It will not be used for any other purpose.

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)

\_\_\_\_\_  
(Notary Public)



Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires: \_\_\_\_\_  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The following must be submitted with this application:

- \$10.00 licensing fee for each salesperson
- \$40.00 for each NEW or YEARLY RENEWED salesperson to cover background check
- List of salespeople assigned to event
- If this is FIRST SALE, Contracting Company Application

**Please mail all documents to the address listed on the front of the application. All documents must be submitted 15 DAYS PRIOR to the first day of the proposed sales event. All information and documents must be received before permission is granted. Please call our office with any questions.**