



# 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

## APPLICATION FOR LICENSE OF REPRESENTATIVE

Individuals must be licensed within 10 days. After the 10th day, late fees will incur.

### Please check only ONE clarification:

- Factory Representative \$300.00\*
- Distributor Representative \$300.00\*
- New Representative Transfer \$2.50\*\*

\* Includes \$100.00 license fee plus \$200.00 administrative fee.

\*\* Transfer must be within 15 days of last license

Manufacturer/Distributor: \_\_\_\_\_

License No.: \_\_\_\_\_

Check Number: # \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

4. Have you ever been charged with a felony or misdemeanor? **YES** **NO**

1. Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_

2. Date assigned to Mississippi: MM / DD / YYYY  
 Territory: \_\_\_\_\_

3. Name of Previous Employer: \_\_\_\_\_

5. 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", attach a separate sheet advising fully of all details, including court and police records.)*

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 a third party private company, 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 Name)*

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

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



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

## EMPLOYER'S ENDORSEMENT

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: \_\_\_\_\_