

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 SALESPERSON OR REPRESENTATIVE

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

Pursuant to the	nrovision of the Mississioni Mo	ntor Vehicle	■ Name:
Pursuant to the provision of the Mississippi Motor Vehicle Commission Law §63-17-81and §63-17-83, application is			Social Security Number:
hereby made for a license as indicated.			Date of Birth: State: Zip Code:
Please check only ONE clarification:			City: State: Zip Code:
Factor	ry Representative	\$300.00*	Date you began selling at current dealership:
 Distrib 	outor Representative	\$300.00*	
O New Motor Vehicle Salesperson \$10.00		\$10.00	Name of Provious Employers
 New Motor Vehicle Salesperson Transfer \$2.50** 			Name of Previous Employer:
* Includes \$100.00 license fee plus \$200.00 administrative fee. ** Transfer must be within 15 days of last license			Have you ever been charged with
License Number and Name of Dealership/			→ a felony or misdemeanor? ○ YES ○ NO
Manufacturer/Distributor:			Have you ever been, or are you now, under indictment,
Check Number: _#			or do you have pending charges against you of a criminal
Check Amount: \$			(If answer to either of these is "Yes", attach a separate sheet advising fully of all details, including court and police records.)
-		•	r accessible by the Mississippi Justice Information Center, including, ch I may have been charged or convicted.
Signed:			
	(Applicant's Name)		(Notary Public)
SEAL	Subscribed and sworn to (or affirmed) before me this day	(or affirmed)	My commission expires:
		-	STATE OF
	of, _	·	COUNTY OF
	EM	IPLOYER'S	ENDORSEMENT
and belief. The		rustworthy and a p	me and are believed to be true to the best of my knowledge verson who will abide by the provisions of the law and rules and
Authorized Signature of Employer:			Title:
Name of Comp	oany:		