

Bureau of Professional and Occupational Affairs
STATE BOARD OF VEHICLE MANUFACTURERS, DEALERS
AND SALESPERSONS
PO BOX 2649 HARRISBURG, PA 17105-2649
717-783-1697; 717-787-0250 (Fax)
www.dos.state.pa.us/vehicle

SALESPERSON CHANGE OF EMPLOYER/REACTIVATING LICENSE APPLICATION

INSTRUCTIONS AND REQUIREMENTS

Before completing any part of this application, make sure this is the **most recent** version by comparing it with the one posted on the Board's website.

This application and all required documents must be submitted to the **Vehicle Board at PO Box 2649; Harrisburg, PA 17105-2649**. All vehicle salesperson licenses expire May 31st of each odd numbered year. DELAYS may occur in the processing of this application if submitted between the beginning of the license renewal period (March 1 of odd-numbered year) and July 1 of the same year. Upon receipt of a correctly completed application and all required documents, your application will be processed as soon as possible. Each salesperson shall be licensed for only one dealer at any one time. All salesperson licenses will be issued to the **primary location** (VD license address). It will be the dealer's responsibility to distribute salesperson licenses to the appropriate branch office locations for employees who desire to work at these locations.

An individual who holds a vehicle dealership license as a partnership, corporation or any other form of business entity other than a sole proprietorship **must** also hold a valid, current vehicle salespersons licenses in order to conduct vehicle sales. An individual who holds a vehicle dealership license as a sole proprietor is not required to also hold a vehicle salesperson license in order to engage in vehicle sales.

INSTRUCTIONS

- Application responses must be typed or printed neatly in black or blue ink.
 - All questions in all sections **MUST** be answered **completely and truthfully**. Statements are made under oath and are subject to Board investigation. Falsification of answers or failure to answer any question may constitute grounds for refusing or taking disciplinary action against a license.
 - **Attach** the following documents to this application:
 1. **A check or money order (cash is not acceptable)** for the amount below made payable to the Commonwealth of Pennsylvania
 - \$25.00 for Change of Employer application **IF YOUR LICENSE IS CURRENT**.
 - \$115.00 for Reactivation application **IF YOU DO NOT HAVE A CURRENT LICENSE – plus applicable late renewal fees**.
- The application fee is **NON-REFUNDABLE** and **NON-TRANSFERABLE** regardless of the issuance of a license. A \$20.00 processing fee will be charged for any unpaid check regardless of the reason.
2. A completed State Police Background Check (Request for Criminal History Check) FROM THE STATE IN WHICH THE APPLICANT RESIDES (ONLY FOR APPLICANTS REACTIVATING AN EXPIRED LICENSE). Background checks that reflect "Request Under Review" cannot be submitted.
 - Criminal record checks for Pennsylvania residents may be obtained on-line at <https://epatch.state.pa.us> or by mail by contacting the Pennsylvania State Police.
 - **Out-of-state** residents should consult the Board's web page for information about obtaining an out-of-state background check at: www.dos.state.pa.us/vehicle, click on Criminal Record Check (under Special Notices) and click "State Police Criminal History – Out of State List".
 - Criminal record checks must be received within 90 days of the application date and must display the social security number and birth date of the applicant. Those older than 90 days will be returned for new submissions. In the interim, the application will not be processed.

- Any questions about your background check should be directed to the State Police.
- If you have been convicted* of a *felony* or *misdemeanor* offense (summary offenses are not included), submit the following information for EACH conviction, **regardless** of the time elapsed since the conviction:
 - Copies of the criminal complaint and affidavit of probable cause, criminal information or indictment, sentencing order, and transcript of a guilty plea colloquy, if any, certified by the court in the county where the conviction occurred;**
 - If the court documents do not categorize the offense as a felony or misdemeanor, a letter from the Court explaining the grading of the offense;
 - A letter from the Probation Office, on agency letterhead, **signed and dated within 90 days** of receipt in the Board office, providing the current probationary status and/or completion date (if applicable)**;
 - Employment history or resume;
 - A detailed description (in applicant's own words) of the circumstances surrounding the conviction, the basis for the conviction, and the disposition of the conviction;

***For purposes of these instructions**, a conviction includes a finding or verdict of guilt, a plea of guilty or *nolo contendere*, or a disposition of probation without verdict, disposition in lieu of trial, or Accelerated Rehabilitation Disposition. The Board will not deny a license based upon a disposition of PWV, disposition in lieu of trial or ARD, but will monitor the applicant's compliance to confirm that the disposition is not changed to a conviction after the license has been issued.

****If the required documents are not available**, please provide an original letter on business letterhead, **signed and dated within 90 days** of receipt in the Board's office, from the proper authority confirming documents are not available.

3. Documents regarding a name change, if applicable. Provide clear copies of one of the following documents: (1) marriage certificate **or** (2) divorce decree which indicates the retaking of your Maiden name **or** (3) the court document approving the legal name change.
4. If you have submitted this application ***WITH ALL REQUIRED DOCUMENTS*** within 10 days of employment with a new dealership, you may maintain a copy of this application to use as your temporary license pending receipt of your new current license. This temporary license shall expire 45 days from the date of your application. It shall be your duty to notify the Vehicle Board office if your new license or correspondence from the Board is not received within 30 days of the submission of your application.
5. If you have fulfilled the licensing requirements, your license will be mailed to the **primary location** of your employing dealership.
6. Name change forms for licensed salespersons may be obtained from the website at www.dos.state.pa.us/vehicle or by calling (717) 783-1697.
7. **Please be sure to keep a copy of your completed application packet for your records.**

YOU MAY NOT ACT AS A VEHICLE SALESPERSON UNTIL LICENSED BY THE BOARD

IF THE APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED

PLEASE FREQUENTLY CHECK THE BOARD'S WEBSITE AT www.dos.state.pa.us/vehicle FOR UPDATED INFORMATION

TO CHECK THE STATUS OF A LICENSE GO TO www.licensepa.state.pa.us

Bureau of Professional and Occupational Affairs
STATE BOARD OF VEHICLE MANUFACTURERS, DEALERS
AND SALESPERSONS
PO BOX 2649 HARRISBURG, PA 17105-2649
717-783-1697; 717-787-0250 (Fax)
www.dos.state.pa.us/vehicle

SALESPERSON CHANGE OF EMPLOYER/REACTIVATING LICENSE APPLICATION

- 1. Applicant's name: (LAST) (FIRST) (MI)
If you have ever been licensed under a different name, please refer to #3 in the instructions.
2. Applicant's home address: (STREET) (CITY) (STATE AND ZIP CODE)
3. Applicant's social security number:
4. Applicant's date of birth (month/day/year):
5. Applicant's home telephone number:
6. Applicant's email address:
7. Applicant's license (certificate, not driver's license) number: MV -

FOR THE REQUIRED INFORMATION BELOW, PLEASE PROVIDE THE EMPLOYING DEALER'S NAME, LICENSE NUMBER AND MAIN OFFICE ADDRESS EXACTLY AS IT APPEARS ON THE DEALER'S LICENSE.

- 8. Employing dealership's name as it appears on VD license:
9. Employing dealership's primary location address: (STREET) (CITY) (STATE AND ZIP CODE)
10. Employing dealership's telephone number:
11. Employing dealership's license number (write "PENDING" if dealership is submitting an initial application for the business) :

VD Be sure you list VD #, not DIN #

*Recent revisions to Section 5(C) of the Board of Vehicles Act allows a vehicle salesperson, who is employed by a dealer who holds a dealer license at more than one facility (branch location), to sell for such a dealer at each such facility provided each facility has the same owners. Therefore, all salesperson licenses will be issued to the primary location (VD license address).

- 12. Employment start date as a salesperson at this dealer (month/day/year):
13. Are you returning your current license? YES NO
If YES, attach original license to this application, keeping a copy for your records.
If NO, explain why not.
14. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? YES NO

If you answered yes to the above questions, please provide the profession and state or jurisdiction.
Profession: State:

- 15. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
 ___ YES ___ NO
- 16. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
 ___ YES ___ NO
- 17. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
 ___ YES ___ NO
- 18. Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
 ___ YES ___ NO
- 19. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
 ___ YES ___ NO15.

A check or money order (cash is not acceptable) for the amount below made payable to the Commonwealth of Pennsylvania

\$25.00 for Change of Employer application **IF YOUR LICENSE IS CURRENT.**

\$115.00 for Change of Employer application **IF YOU DO NOT HAVE A CURRENT LICENSE – plus applicable late renewal fees.**

NOTE: The required fees are fees for the processing of the application and are not refundable. These fees are required regardless of issuance of a license. A processing fee of \$20.00 will be charged for any check returned unpaid by your bank regardless of the reason for non-payment.

- 20. **IF YOU DO NOT HAVE A CURRENT LICENSE**, submit a check or money order in the correct amount shown in Section #1 or Section #2 below, made payable to “Commonwealth of PA”. To avoid any additional late renewal fees, return this form and your check or money order immediately. ***If you have been practicing as a vehicle salesperson in Pennsylvania on an expired or inactive license, you may be subject to possible disciplinary action as well as being assessed additional late renewal fees.*
YOU MUST CHECK THE BOX IN SECTION #1 OR SECTION #2 BELOW OR THIS APPLICATION WILL BE RETURNED TO YOU UNPROCESSED.

Section #1	Section #2
If you have practiced as a vehicle salesperson in Pennsylvania at any time since the expiration/inactive date of your license, you are subject to late renewal fees (\$5.00 per month) in addition to all required biennial renewal fees. A fee of \$115.00 plus late renewal fees of \$5.00 per month are required if you have practiced as a vehicle representative in Pennsylvania since the expiration/inactive of your license.	If you did <u>not</u> practice as a vehicle salesperson in Pennsylvania since the expiration/inactive date of your license, submit the total fee of \$115.00. To verify that you have been inactive in Pennsylvania since the expiration/inactive date of your license, you must complete this section of this application. NOTE: If you have practiced at any time during this period, you may be subject to late renewal fees.
YES, I PRACTICED AFTER MY LICENSE EXPIRED/INACTIVE (FROM ___ / ___ / ___ TO ___ / ___ / ___) AND I WISH TO REACTIVATE MY LICENSE AT THIS TIME BY PAYING THE BIENNIAL RENEWAL FEE PLUS APPLICABLE LATE FEES. <input type="checkbox"/>	NO, I DID NOT PRACTICE AT ANY TIME AFTER MY LICENSE EXPIRED/INACTIVE AND I WISH TO REACTIVATE MY LICENSE AT THIS TIME BY PAYING THE BIENNIAL RENEWAL FEE OF \$115.00. <input type="checkbox"/>

21. **EMPLOYER’S CERTIFICATION**

I do hereby request that a license be granted to _____ to work as a Vehicle Salesperson.
(Name of Applicant)

I believe the applicant to be honest, trustworthy, truthful, and of good repute.

Signature of Dealer Representative Print Name Date

Designated Contact person (if different than above)_____

22. **APPLICANT’S CERTIFICATION**

I hereby certify that I have read the Board of Vehicles Act, Act of December 22, 1983, P.L. 306, No. 84, as amended, 63 P.S. §§818.1 – 818.37, and the Board’s regulations, 49 Pa. Code §§19.1 – 19.38, and that I will abide by the Act and the regulations while practicing in the Commonwealth of Pennsylvania.

I certify that all information supplied on this application is true and correct to the best of my knowledge and belief. Further, I understand that any false statements made are subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of the license.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. Section 4911.

Applicant’s Signature Date

Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

I authorize the following organization and its employees to act as my agent to file this application on my behalf, and to receive correspondence and communications from the Board. I understand that the Board will also send copies of communications directly to me and my employing dealer.

Name of Organization

Address of Organization

Contact Person at Organization Telephone Number Fax Number

Signature of Applicant Print Name Telephone Number Fax Number

I accept authorization of the applicant to act as agent for the submission of this application and to receive correspondence and communication from the Board. I understand that the Board will also send copies of communications directly to the applicant and the employing dealer.

Signature of Contact Person Print Name Telephone Number Fax Number