



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**MOTOR VEHICLE DEALER SALESPERSON
LICENSE APPLICATION**

Failure to complete ANY portion of this application will delay the processing of the license. By completing, signing, and submitting this application with all required documentation, as applicable, you are affirming that you understand all the requirements set forth in Chapter 4517 of the Ohio Revised Code (R.C.) and Chapter 4501:1-3 of the Ohio Administrative Code (O.A.C.).

Yes No Is the applicant or their spouse a veteran or member of the armed forces or a surviving spouse of a veteran or member of the armed forces? (**NOTE:** A completed application with the required documentation of military status qualifies the applicant for an expedited application process, upon receipt.) If “yes”, please provide a copy of your or your spouse’s DD214, separation documentation, or other official military documentation approved by the board.

PLEASE WRITE LEGIBLY

SALESPERSON INFORMATION

Yes No The applicant for a motor vehicle dealer salesperson’s license has completed their criminal history record that has been checked on a state-wide basis through the Bureau of Criminal Identification (BCI).

NOTE: ONLY BCI background checks are accepted.

FIRST NAME	MI	LAST NAME	SUFFIX (Jr., Sr., ETC.)
HOME ADDRESS			SOCIAL SECURITY #
CITY	STATE	ZIP CODE	COUNTY
E-MAIL ADDRESS			TELEPHONE #

DEALERSHIP INFORMATION

REGISTERED BUSINESS NAME		PERMIT NUMBER
REGISTERED FICTITIOUS NAME OR TRADE NAME		
DEALERSHIP STREET ADDRESS	P.O. BOX #	SUITE #
CITY	STATE	ZIP CODE
COUNTY	BUSINESS TELEPHONE #	CONTACT PERSON
BUSINESS E-MAIL ADDRESS		

Applications cannot be processed until the background check results are received by the Dealer Licensing Section.

IMPORTANT INFORMATION

Applications for a license may be denied for reasons which include:

- Having been convicted of, judicial finding of guilt of, or plea of guilty to a disqualifying offense as determined under section 9.79 of the R.C.

For a complete list of disqualifying offenses, visit our website at www.OhioAutoDealers.com.

BACKGROUND CHECK INFORMATION (O.A.C. 4501:1-3-07 and 4501:1-3-09)

- All **Ohio residents** who are listed on this application, **MUST** be electronically fingerprinted. Applicants must request that the results be sent electronically to **direct copy “BMV Dealer Licensing”** at the web check locations in order for them to be forwarded to the BMV Dealer Licensing Section. (For a complete list of electronic fingerprinting locations in Ohio, visit www.ohioattorneygeneral.gov.)
- All **out-of-state applicants**, or those who qualify for electronic exemption that are listed on this application, **MUST** submit a fingerprint card (supplied by Dealer Licensing or Ohio Attorney General’s Office), exemption form, and fingerprint card processing fee with the application for license. Contact the Dealer Licensing Section at (614) 752-7636 to request that a fingerprint card and exemption form be mailed to you.

THE APPLICANT, NOT THE DEALERSHIP, MUST FILL OUT THIS PORTION OF THE APPLICATION.
ANY FALSE INFORMATION WILL RESULT IN THE DENIAL OF A SALESPERSON LICENSE.

I, as the applicant, agree to fully comply with the provisions of Chapter 4517 of the R.C. and Chapter 4501:1-03 of the O.A.C.

I, also acknowledge responsibility for any misrepresentation of the foregoing information and the subsequent statements in this application and any additional documents, as applicable.

Yes No 1. Do you plan to engage in any other occupation or business other than a motor vehicle salesperson?
If **"yes"**, indicate the occupation _____

Yes No 2. Do you currently hold a motor vehicle salesperson license in this state or any other state?
If **"yes"**, indicate which state and license number:
State _____ License # _____

Yes No 3. Have you ever had an application for a salesperson's license denied?
If **"yes"**, explain: _____

Yes No 4. Have you ever had a salesperson's license revoked or suspended?

Yes No 5. Have you ever been an employee of, or a salesperson for a motor vehicle dealership, whose license was revoked or suspended?
If **"yes"**, indicate the name of the dealership and permit number: _____

Yes No 6. Have you ever been convicted of, judicial finding of guilt of, or plea of guilty to a disqualifying offense as determined under section 9.79 of the R.C. in this state or any other state?

For a complete list of disqualifying offenses, visit our website at www.OhioAutoDealers.com.

If answered **"yes"**, please provide the following **certified** documents and information:

- 1) *A certified copy of a conviction or journal entry;*
- 2) *A certified copy of the sentencing entry; and*
- 3) *A certified copy of the indictment or complaint.*

If in another state, list the state(s): _____

Yes No 7. Have you ever had a civil judgment rendered against you that was related to tampering with an odometer, rolling back an odometer, or failing to provide true and accurate odometer disclosure statements?

If answered **"yes"**, please provide the following **certified** documents and information:

- 1) *A certified copy of a journal entry showing the final disposition of the judgment;*
- 2) *The court of jurisdiction that decided the civil judgment;*
- 3) *The court's case number; and*
- 4) *The date the civil judgment was issued.*

Yes No 8. Does any person listed on this application have an unsatisfied civil judgment resulting from a motor vehicle transaction? (e.g. Title Defect Rescission Fund)

If answered **"yes"** please provide the following **certified** documents and information:

- 1) *A certified copy of a journal entry showing the final disposition of the judgment;*
- 2) *The court of jurisdiction that decided the civil judgment;*
- 3) *The court's case number; and*
- 4) *The date the civil judgment was issued.*

FEES ARE NON-REFUNDABLE

Make check payable to "Ohio Treasurer of State". (DO NOT SEND CASH)

CHECK ONE BOX ONLY		
<input type="checkbox"/>	First time application with electronic background check (Ohio Residents)	\$ 10.00
<input type="checkbox"/>	First time application with finger print card (Out-of-state Residents)	\$ 32.00
<input type="checkbox"/>	Renewal / Transfer of salesperson license	\$ 10.00
<input type="checkbox"/>	Transfer / Reinstatement of salesperson license	\$ 2.00
<input type="checkbox"/>	Duplicate	\$ 1.00
TOTAL FEE		\$

PLEASE ALLOW 4 -6 WEEKS FOR THE PROCESSING OF COMPLETED LICENSE APPLICATIONS.

FAILURE TO COMPLETE ANY PORTION OF THIS APPLICATION WILL DELAY THE PROCESSING OF THE SALESPERSON LICENSE.

We understand that pursuant to section 4517.20 of the R.C. that the applicant may not participate in the selling or dealing of motor vehicles and/or receive any commission or compensation regarding sales, until such time the sales license is issued.

We hereby certify that the named applicant on this application will be employed as a salesperson by the undersigned upon receipt of his/her salesperson's license issued by the Bureau of Motor Vehicles (BMV) and shall immediately notify the BMV of cancellation in writing or through the dealer licensing web site, www.OhioAutoDealers.com.

We understand that the applicant may only sell or deal in motor vehicles for the listed dealership and are prohibited from selling for another dealership unless: 1) the other dealership is owned or operated by the same company that owns the listed dealership as provided in R.C. 4517.14 (E); or 2) the salesperson's license is transferred to another dealership.

AUTHORIZED SIGNATURE FOR THE DEALERSHIP X	DATE
APPLICANT SIGNATURE X	DATE

Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20 _____

in _____ County, State of _____.

(Notary Seal)

Signature of Notary / Clerk / Deputy Clerk (**circle one**) **X** _____

My commission expires _____

**RETURN THE COMPLETED APPLICATION,
OTHER SUPPORTING DOCUMENTS, AND FEES TO:**

Ohio Bureau of Motor Vehicles
Attention: Dealer Licensing Section
P.O. Box 16521
Columbus, Ohio 43216-6521

For additional information and all applicable laws visit our Web site at www.OhioAutoDealers.com.