

Personal History And Application For Idaho Factory Representative

Idaho Transportation Department
Vehicle Services
PO Box 34; Boise, ID 83731-0034



✉ Enclose a \$44.00 application fee with a completed application for each factory representative-

Check appropriate box(es):

- | | | |
|--|---|---|
| <input type="checkbox"/> Original Application | <input type="checkbox"/> Renewal | <input type="checkbox"/> Duplicate (Lost Card - \$18) |
| <input type="checkbox"/> Owner/Officer (No charge) | <input type="checkbox"/> Add Manufacturer | <input type="checkbox"/> Change Manufacturer |

Idaho Code 49-1602(1): The Department may refuse to issue a license to an applicant who has ever been convicted in a court of record in this state of a violation of a law, provision, or rule and regulation promulgated for this act.

- (a) Have you previously been licensed as a manufacturer, vehicle/vessel salesperson, factory representative, dealer, dismantler, or transporter in Idaho or any other state? Yes No
- (b) Are you now licensed as a manufacturer, vehicle/vessel salesperson, factory representative or dealer in Idaho or any other state? Yes No

If yes to either (a) or (b), list previous card number _____ State _____ Date _____

Previous Manufacturer Name _____ No. _____

Previous Manufacturer Location _____

- (c) Have you ever had a Vehicle Dealer, Salesperson, or Manufacturer License revoked, suspended, or subjected to other disciplinary action or were you ever a partner, officer, director, or stockholder in a firm whose license was revoked in Idaho or any other state? Yes No

If yes, please explain the circumstances on the back of this form.

Driver's License Number	Driver's License State	Social Security Number	Date of Birth
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Name as it Appears on Your Driver's License (Last, First, Middle) **Please Print or Type**

Sex	Height	Weight	Eye Color	Hair Color	Daytime Phone Number
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Residence Address (Number and Street - No PO Box)	City	State	Zip
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THE UNDERSIGNED hereby makes application for a manufacturer's factory representative license in accordance with the provisions of the Idaho manufacturer's license act.

I affirm under penalty of license forfeiture that the answers and information contained herein are true and correct to the best of my knowledge and belief. **This form must be completed in full or it will be returned.**

Applicant's Signature	Check if Inactive Owner/Officer/Director <input type="checkbox"/>
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Manufacturer Name	Primary Manufacturer Number
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Manufacturer Location

Sponsoring Manufacturer Certification for Factory Representatives:

I hereby certify that a background check has found the applicant suitable for a factory representative position, and that he/she is an employee over 18 years of age. I understand that this application is invalid until submitted to ITD and fees are paid.

Printed Name of Authorized Manufacturer Representative	Signature of Authorized Manufacturer Representative	Date
	X	