

# Dealer Owner and Salesperson Application

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

**☛ Enclose a \$26.00 application fee and a completed application for each salesperson.**

**This form must be completed in full or it will be returned.** A copy of this application does **not** act as a temporary license until it is signed, mailed to the department and fees are paid. For a new application, this form must be mailed within **5 days** of signing it and for a renewal it must be mailed **before** the salesperson expires. The Department will not accept applications that are received more than 10 business days after the date the application is signed. Once the application is processed, a notification card will be mailed to the sponsoring dealership. This card will act as a temporary license 60 days from the signature date and will direct the applicant to a sheriff's driver licensing office to have their picture taken. The County will require an additional \$10.00 fee for each applicant (including owners) at the time their picture is taken.

Please check appropriate box(es) from each section:	
<input type="checkbox"/> Full-time Salesperson (30 hours or more per week)	<input type="checkbox"/> Original Application (Complete Full Application)
<input type="checkbox"/> Part-time Salesperson (Less than 30 hours per week)	<input type="checkbox"/> Renewal (Skip Question 1 and 2)
<input type="checkbox"/> Owner/Officer (No charge)	<input type="checkbox"/> Change Sponsoring Dealer (Skip Question 1 and 2)
<input type="checkbox"/> Inactive Owner/Officer/Director – No ID Needed	<input type="checkbox"/> Add Sponsoring Dealer (Skip Question 1 and 2)
<input type="checkbox"/> Temporary Off-site Sales License (no photo required)	<input type="checkbox"/> Duplicate (Lost Card - \$18) (Skip Question 1 and 2)

**Idaho Code** - *Idaho Code 49-1602(1)* states that 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. The applicant shall not practice any fraud; make any fraudulent representation; violate any of the provisions of *Idaho Code Title 49, Chapters 2, 4, 5 or 16, or Idaho Code 49-1418, or Title 48, Chapter 6*; any rules and regulations promulgated by the Idaho Transportation Department; federal motor vehicle safety standards, or odometer fraud. Additionally, *Idaho Code 49-1602(5)* states that the Department may deny a salesperson license if any information provided on this sheet is found to be incomplete, incorrect or fictitious.

1. Are you currently, or have you previously been licensed as a vehicle/vessel salesperson or dealer in Idaho or any other state?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Enter	Salesperson Number	Business Name	State	Date	
2. 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 subjected to other disciplinary action; or have you ever been convicted of a felony in conjunction with a dealership in Idaho or any other state? <b>If yes, explain the circumstances on the back of this form.</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name as it Appears on Your Driver's License (Last, First, Middle)		Current Salesperson Number (If Applicable)		Date of Birth	
Driver's License Number	Driver's License State	Social Security Number	Daytime Phone Number		
Residence Address (Number and Street - <b>No PO Box</b> )		City	State	Zip	

THE UNDERSIGNED hereby makes application for a sales license in accordance with the provisions of the Idaho vehicle dealer's license and salesman's 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.

Applicant's Signature <b>X</b>		Date	Primary Dealer Number
Dealership Name	Dealership City	Additional Dealer No.(s) Currently Licensed With	

**Sponsoring Dealer Certification for Sales Personnel**

I hereby certify that a background check has found the applicant suitable for a salesperson 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 Dealership Representative	Signature of Authorized Dealership Representative <b>X</b>	Date
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