VEHICLE REPRESENTATIVE REACTIVATION 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 representative 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 representative shall be licensed for only one manufacturer/wholesale distributor at any one time.

An individual who holds a vehicle manufacturer/distributor license as a partnership, corporation or any other form of business entity other than a sole proprietorship must also hold a valid, current vehicle representative license in order to conduct vehicle sales. An individual who holds a vehicle manufacturer/distributor license as a sole proprietor is not required to also hold a vehicle representative 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

   $115.00 Reactivation fee - 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. If you have fulfilled the licensing requirements, your license will be mailed to the manufacturers/distributors office. If not, a discrepancy lettering indicating what is still needed will be mailed to your prospective employing manufacturers / distributors main office.

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. Please be sure to keep a copy of your completed application packet for your records.

5. To check the status of your application visit www.pals.pa.gov

6. If a pending application is older than one year from the date submitted online or the paper application is signed by the applicant and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

7. In order to complete the application process, many of the supporting documents associated with the application cannot be more than 6 months old (from the date of issuance).

8. The Board will retain a copy of all old application records and attachments. Applicants will be notified of the above timeframes for pending applications.

YOU MAY NOT PRACTICE AS A VEHICLE REPRESENTATIVE UNTIL LICENSED BY THE BOARD
VEHICLE REPRESENTATIVE REACTIVATION APPLICATION

1. Applicant’s name: ___________________________________________________________________________________________
   (LAST)      (FIRST)    (MI)
If you have ever been licensed under a different name, please refer to #4 of the instructions.

2. Applicant’s current home address:   _______________________________________________________________________________
   (STREET)   (CITY)                    (STATE & 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: _______________________________________________________________________________

IN THE REQUIRED INFORMATION BELOW, PLEASE PROVIDE THE EMPLOYING MANUFACTURER’S NAME, LICENSE NUMBER AND MAIN OFFICE ADDRESS EXACTLY AS IT APPEARS ON THE MANUFACTURER’S LICENSE.

7. Employing manufacturer or distributor’s name as it appears on license:
   ____________________________________________________________________________

8. Employing manufacturer or distributor’s primary location address:
   ____________________________________________________________________________
   (STREET)                                             (CITY)                                            (STATE & ZIP CODE)

9. Employing manufacturer or distributor’s telephone number: (___   ___   ___) ___   ___   ___ - ___   ___   ___   ___

10. Employing manufacturer or distributor’s license number (write “PENDING” if manufacturer or distributor is submitting an initial application for the business):
   VM__________________  MB__________________  WD________________________

13. Are you returning your current license? ___ YES   ___ NO

14. Provide date of employment with new employer as a Vehicle Representative.  ___   ___ / ___   ___ / ___   ___   ___   ___
   (Month)        (Day         (Year)

15. 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 question, please provide the profession and state or jurisdiction.
   Profession:____________________________ State:__________________________________

16. 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

17. 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
18. 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

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

$115.00 for Change of Employer application – 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 HAVE AN EXPIRED 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 representative 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.

<table>
<thead>
<tr>
<th>Section #1</th>
<th>Section #2</th>
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<tbody>
<tr>
<td>If you have practiced as a vehicle representative 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. 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.</td>
<td>If you did not practice as a vehicle representative 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. 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.</td>
</tr>
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21. EMPLOYER'S CERTIFICATION

I do hereby request that a license be granted to ______________ to work as a Vehicle Representative. I do believe the applicant to be honest, trustworthy, truthful and of good repute.

____________________________________
Signature of Manufacturer/Distributor 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 (DHA), 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 manufacturer or distributor.

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 manufacturer or distributor.

Signature of Contact Person                              Print Name                              Telephone Number               Fax Number