



**STATE VEHICLE MANUFACTURERS,
DEALERS, AND SALESPERSONS**
PO Box 2649
Harrisburg PA 17105-2649

Phone Number 717-783-1697
Fax Number: 717-787-0250
www.dos.pa.gov/vehicle

DEALER SIGNATURE CARD

This document is to be used if you were unable to print the signature card during the online application process. The signed card should be submitted with the remaining documents that are needed to complete your application packet.

Applicant's Name: _____

Applicant's Social Security Number: ____ - ____ - _____

EMPLOYER'S CERTIFICATION

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

(Signature of Dealer Representative)

(Print Name)

(Date)

Employing Dealership's Name: _____

Dealership's Primary Location: _____
(Street Address) (City, State & Zip Code)

Dealership's License Number: VD _____

DESIGNATED REPRESENTATIVE

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.

(Contact Person's Signature) (Date)

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