
OCCUPATIONAL LICENSE (SALESPERSON) INFORMATION

“Salesperson” defined. “Salesperson” means:

1. A person employed by a vehicle dealer, under any form of contract or arrangement to sell, exchange, buy, or offer for sale, or exchange an interest in a vehicle to any person, who receives or expects to receive a commission, fee or any other consideration from the seller or purchaser of the vehicle; or
2. A person who exercises managerial control within the business of a dealer or a long-term or short-term lessor, or who supervises salespersons employed by a dealer or a long-term or short-term lessor, whether compensated by salary or by commission, or who negotiates with or induces a customer to enter into a security agreement on behalf of a dealer or a long-term or short-term lessor. NRS 482.107

LICENSING REQUIREMENTS

1. Certificate of Employment (OBL236) completed and signed by a principal or authorized person of a licensed Nevada Dealer.
2. Personal History Questionnaire (OBL242) completed by applicant.
3. Applicant photograph, at least 2 inches x 2 inches (passport photo size) and show full face, shoulders and above.
4. One full set of fingerprints is required. Applicants must be fingerprinted by an authorized DMV representative or law enforcement agency. Some agencies may charge for fingerprinting. Check with your local agency.
5. DPS Civil Applicant Waiver (OBL256) completed and signed by each applicant.
6. Occupational License (Salesperson) Disclaimer (OBL264). Disclaimer must be notarized or signature witnessed by an authorized DMV representative.
7. Non-refundable license application fee.

Original License fee \$76.00

Annual Renewal fee \$41.00

Transfer fee \$21.00

The above fees include a Technology fee.

Non-refundable fingerprint processing fee \$36.25

Occupational salesperson licenses expire on December 31 of each year. The cost for licenses issued throughout the year is the same; there is no prorating of fees. If your license has been expired for 6 months or more, you must submit a new application, fingerprints, and pay the original license fee.

When a person holds a temporary permit or license from the Nevada DMV to act as a salesperson and ceases to be employed, their permit/license is automatically terminated. The person may not engage in the activity of a salesperson until he or she has paid the DMV a transfer fee of \$20 and submitted a Certificate of Employment (OBL236), indicating re-employment by a licensed and bonded dealer, lessor or rebuilder. Thereafter, a current temporary permit or license will be presented to the employer (NRS 482.362).



CERTIFICATE OF EMPLOYMENT

SALESPERSON INSPECTOR FEES
Class: One Two Diesel Registration Renewal New \$
Renewal \$
Transfer \$
DRIVE SCHOOL INSTRUCTOR: Behind the Wheel General Classroom
CDL Non CDL
DUI SCHOOL INSTRUCTOR General Classroom Under 18
TRAFFIC SAFETY SCHOOL INSTRUCTOR Trainee

EMPLOYEE:

Full Legal Name DMV Occupational License #
NV Driver's License # or Date of Birth Telephone Number () -
Mailing Address Street City State Zip
Physical Address Street City State Zip

Nevada Revised Statute and Nevada Administrative Code Chapters:

Table with 4 columns: NRS/NAC Chapters 445B & 482, NRS/NAC Chapters 482 & 490, NRS/NAC Chapter 483, NRS/NAC Chapters 487 & 597 (Body Shop & Garage only). Rows describe licensing categories like Station and Inspector licensing, Broker/Dealer/Distributor, Instructor and School licensing, and Body Shop/Garage/Salvage Pool/Wrecker licensing.

I understand it is my responsibility to review the aforementioned Nevada Revised Statute and Nevada Administrative Code Chapters with respect to the license or registration I am applying for and agree to comply with the requirements stated therein. I declare under penalty of perjury that the information contained in this form is true and correct.

Employee's Signature Date

EMPLOYER:

Business Name DMV Business License #
Address Street City State Zip Telephone Number () -

Authorized Representative's Name and Title (Print)

Authorized Representative's Signature

PERSONAL HISTORY QUESTIONNAIRE

New Update

This questionnaire is filed as part of the licensing application for:

Business License: Principal Registered Agent/Manager

Occupational License: Salesperson Drive School Instructor Traffic Safety School Instructor

Inspector DUI School Instructor

All lines and spaces must be completed in full. If not applicable enter (N/A).

Full Legal Name: _____

Last
First
Middle

Additional names you have been known by (*maiden name, stage name, nickname*):

Mailing Address _____

Street
City
State
Zip

Physical Address _____

Street
City
State
Zip

Home Phone _____ Additional Phone _____

Driver's License No. _____ State _____

Date of Birth _____ Place of Birth _____

City
State

Social Security No. _____ - _____ - _____ Female Male

Height _____ Weight _____ Hair _____ Eyes _____

Scars, marks, and/or tattoos _____

Employment History for the past 5 years beginning with the most current (*without gaps*):

| From (month/year) | To (month/year) | Employer | Complete Address/Telephone # |
|----------------------|--------------------|----------|------------------------------|
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| | | | |
| | | | |

Applicant's Name _____

Personal History Questionnaire

List names, complete address, and phone numbers of two personal references.

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |

Drive, DUI or Traffic Safety applicants only:

Have you ever been arrested or convicted of a crime or offense, either felony, gross misdemeanor or misdemeanor, including traffic misdemeanor offenses? Yes No

All other applicants:

Have you ever been arrested or convicted of a crime or offense, either felony, gross misdemeanor or misdemeanor, excluding traffic misdemeanor offenses? Yes No

If "Yes," list separate charge by date of arrest. Describe the offense, court, and disposition in the appropriate columns. If additional space required, use a separate sheet of paper.

| Date of Arrest | Nature of Offense | Court of Jurisdiction | Disposition of Offense |
|----------------|-------------------|-----------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Are you currently, or have you ever been under supervision of a parole or probation agency of any state? If so, provide name and address of the agency, name of supervising officer and phone number. Provide a copy of your discharge; if appropriate (*explain.*)

Child Support Information:

Nevada Revised Statute 482.319 requires all professional and occupational licensing agencies to request statements regarding child support from applicants for new licenses and for renewal of all occupational licenses. Please mark the appropriate response and complete the remainder of the form. Failure to mark one of the three and completion of the form will result in denial of the application.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Name _____

Personal History Questionnaire

Have you previously held or do you presently have a business or occupational license issued by the Department of Motor Vehicles in this State or by any other State's occupational licensing authority? Yes No

If "Yes", license number _____ State _____

Have you ever had a business or occupational license, in this state or any other state including a driver's license, which was denied, suspended, revoked, or had administrative sanction against it? Yes No (if Yes, explain)

I hereby authorize the Department of Motor Vehicles to make any background investigation necessary as it pertains to the issuance of my license. In relation, I authorize any person or entity contacted by the Department of Motor Vehicles, its agents or employees to furnish any information or opinions they may have during the course of my initial background investigation. I release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, Department of Motor Vehicles, its agents or employees and all persons or entities furnishing information or opinions to the Department of Motor Vehicles related to my background investigation. I understand providing false information or the omission of the requested information in this questionnaire is grounds to deny, suspend, or revoke my business or occupational license. Furthermore, I understand filing false information to obtain any license or permit is a criminal act as defined in Nevada Revised Statutes and Nevada Administrative Codes in addition to being subject to the administrative sanctions as prescribed by law.

Signature of Applicant Date

Signatures must be original. Photocopies are not acceptable.

State of Nevada
County of _____
Subscribed and sworn before me this _____ day of _____, 20 _____ by _____

Notary Public **or** Authorized Nevada DMV Representative (Notary Seal)

| For Department Use Only | |
|--|--|
| Case No | |
| <input type="checkbox"/> Application completed and signed <input type="checkbox"/> Fingerprints <input type="checkbox"/> Background Investigation <input type="checkbox"/> Total Fees \$ | |

Recommendation: Approved Denied

Signature of Employee Date _____

Signature of Supervisor (if applicable) Date _____

Signature of Investigator (if applicable) Date _____



Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by Nevada Department of Motor Vehicles, Compliance Enforcement Division *[name of requesting agency]* that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorized Nevada Department of Motor Vehicles, Compliance Enforcement Division *[name of requesting agency]*, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's name:

Please Print

Last Name

First Name

Middle Name

Address:

Please Print

Applicant's Signature:

Date:

Submitting Agency:

Address:

Nevada Department of Motor Vehicles

555 Wright Way Carson City, NV 89711

Agency Representative:

Please Print

Last Name

First Name

Middle Name

Agency Representative Signature:

Date:



OCCUPATIONAL LICENSE (SALESPERSON) DISCLAIMER

I, (print name) _____, as an applicant for a State of Nevada, Department of Motor Vehicles occupational (salesperson) license, acknowledge the following Nevada Revised Statutes:

- 482.362.1 Payment of a non-refundable license fee of \$76. The license expires on December 31 of each calendar year and may be renewed annually upon the payment of a fee of \$41. There has been a technology fee associated to each transaction.
482.362.4 An application for a salesperson's license may be denied and a salesperson's license may be suspended or revoked upon the following grounds:
1. Failure of an applicant to establish by proof satisfactory to the department that he is employed by a license and bonded vehicle dealer, trailer dealer or semitrailer dealer, lessor or rebuilder.
2. Conviction of a felony.
3. Conviction of a gross misdemeanor.
4. Conviction of misdemeanor for violation of any of the provisions of this chapter.
5. Falsification of the application.
6. Any reason determined by the director to be in the best interest of the public.

I am a resident of the State of _____ Driver's License No. _____ State _____

483.245.1 When a person becomes a resident of Nevada as defined in Chapters 482 and 483 of the NRS he must, within 30 days, obtain a Nevada driver's license as a prerequisite to driving any motor vehicle in the State of Nevada.

Signatures must be original. Photocopies are not acceptable.

Signature of Applicant _____ Date _____

State of Nevada, County of _____

Subscribed and sworn before me this _____ day of _____,

Notary Public or Authorized Nevada DMV Representative _____ (Notary Seal) _____