

Personal History 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-¹

Check appropriate box(es):

- Original Application
 Full-time Salesperson
 Renewal
 Add Sponsoring Dealer
 Owner/Officer (No charge)
 Part-time Salesperson
 Change or Add Sponsoring Dealer
 Duplicate (Lost Card - \$18)

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 vehicle/vessel salesperson, dealer, dismantler, or transporter in Idaho or any other state? Yes No
- (b) Are you now licensed as a vehicle/vessel salesperson or dealer in Idaho or any other state? Yes No
 If yes to either (a) or (b), list
 previous card number _____ State _____ Date _____
 Previous Dealership Name _____ No. _____
 Previous Dealership 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to other disciplinary action or were you ever a partner, officer, director, or stockholder in a firm whose license was revoked in Idaho or any other state?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 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. **This form must be completed in full or it will be returned.**

Applicant's Signature X

Dealership Name _____ **Primary Dealer Number** _____

Dealership Location _____ Additional Dealer Number(s) _____
 (part-time only)

Inactive Owner/Officer/Director – No ID Needed

Sponsoring Dealer Certification for Sales Personnel:

I hereby certify that a background check has found the applicant suitable for a salesperson Part-time* Full-time** 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 X	Date
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¹ When time to process the picture ID, our office will direct the applicant to a County Driver's License Office. The County will require an additional \$10.00 fee for each applicant (including owners) at the time their picture is taken. If the applicant is the owner, they will receive only one picture ID for their **primary** dealership regardless of ownership of multiple vehicle dealerships.

*Part-time = Less than 30 hours per week
 **Full-time = 30 hours or more per week