



Salesperson Application

DMV
CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

APPLICATION FOR OCCUPATIONAL LICENSE
ALL APPLICATION FEES ARE NON-REFUNDABLE

All licensees are responsible for renewing their license prior to the expiration date shown on license.

A. APPLYING FOR: (Check one box)

Original License
 Original (DL)
 Renewal (DL) (prior to expiration)
 Replacement (DL) (expired license)

Other License
 Other Instructor (DL)
 Addition License (DL) (Other Instructor Only)
 As-Taken Vehicle Safety Instructor

B. APPLICANT INFORMATION: (Type or Print) USE YOUR TRUE FULL NAME
(Use First Initial Only)

Licensee's address (permanent street) _____ STATE _____ ZIP CODE _____
 Other address if applicable (if a box or PO box, etc.) _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ SEX Male Female
 OCCUPATIONAL CLASSIFICATION (Professional/Operator) _____

Have you ever been known by or used any name other than the name appearing in this questionnaire? Yes No (If Yes, list name)

C. EMPLOYED BY: (Information provided must be the same as Employer's License)

Business Name _____ Business Address _____ STATE _____ ZIP CODE _____
 Employer's Social Security # _____ STATE _____ ZIP CODE _____

D. EXPERIENCE AND EMPLOYMENT RECORD FOR PAST THREE YEARS: (List most recent first)

FROM MO	TO MO	TO MO	EMPLOYER'S NAME, ADDRESS & CITY OF BUSINESS	DUTIES PERFORMED

APPLICANT STATEMENT (Check a section, if any, that apply)

1. ADDITIONAL BACKGROUND INFORMATION
 Have you previously been or are you now licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, distributor, manufacturer, manufacturer, transporter, writer, loan officer, driving school owner, operator, instructor, abstracted vehicle safety training organization or instructor? Yes No (If Yes, list organization)

2. Have you ever had a business, occupational license, or application denied by the State of California, Department of Motor Vehicles, or by another state, which was refused, revoked, suspended or subject to other disciplinary action? Yes No (If Yes, list the state, license number, action or disciplinary acts, or action and their dates and times)

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IMPORTANT NOTICE TO ALL APPLICANTS

Failure of compliance with this application, you MAY SUBMIT A COPY OF THE APPLICANT AGENCY REPORT & A COPY OF THE COURT DOCUMENTS.

If performed, plea into contention, or if the conviction was later expunged from the record of the court or Penal Code Section 1203.4, or any other federal or state law equivalent, you must disclose the conviction process. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction. Failure to disclose all convictions, including those out of state or out of country may result in the revocation of the temporary permit and may result in the refusal of the occupational license. Listing all conviction information may not necessarily preclude you from receiving a license.

Applicant Initials Required _____

FAILURE TO INITIAL WILL DELAY PROCESSING OF THIS APPLICATION

F. MISDEMEANOR OR FELONY CONVICTIONS:

CONVICTION DATE	CONVICTION OF	COURT OF JURISDICTION (ALL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (PLEASE CHECK ALL THAT APPLY)			
			FINED	PROBATION	PRISON	DEPORTATION

G. APPLICANT CERTIFICATION:
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 SIGNATURE _____ DATE _____

H. EMPLOYING LICENSEE'S ACKNOWLEDGMENT:
 I hereby certify that I am the authorized representative of the employing licensee named herein. It is my intention to employ the above named applicant when he/she receives a temporary permit or license from the Department of Motor Vehicles.
 SIGNATURE _____ TITLE _____ DATE _____

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