



## SALESPERSON CHANGE OF EMPLOYER/REACTIVATING LICENSE 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 salesperson licenses expire May 31<sup>st</sup> 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 salesperson shall be licensed for only one dealer at any one time. All salesperson licenses will be issued to the **primary location** (VD license address). It will be the dealer's responsibility to distribute salesperson licenses to the appropriate branch office locations for employees who desire to work at these locations.

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

\$25.00 for Change of Employer application **IF YOUR LICENSE IS CURRENT**.

\$115.00 for Reactivation application **IF YOU DO NOT HAVE A CURRENT LICENSE – 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.

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. If you have submitted this application ***WITH ALL REQUIRED DOCUMENTS*** within 10 days of employment with a new dealership, you may maintain a copy of this application to use as your temporary license pending receipt of your new current license. This temporary license shall expire 45 days from the date of your application. It shall be your duty to notify the Vehicle Board office if your new license or correspondence from the Board is not received within 30 days of the submission of your application.
5. If you have fulfilled the licensing requirements, your license will be mailed to the **primary location** of your employing dealership.
6. Name change forms for licensed salespersons may be obtained from the website at [www.dos.pa.gov/vehicle](http://www.dos.pa.gov/vehicle) or by calling (717) 783-1697.
7. **Please be sure to keep a copy of your completed application packet for your records.**
8. To check the status of your application visit [www.pals.pa.gov/verify](http://www.pals.pa.gov/verify)

9. 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.
10. 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).
11. 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 ACT AS A VEHICLE SALESPERSON UNTIL LICENSED BY THE BOARD**



### SALESPERSON CHANGE OF EMPLOYER/REACTIVATING LICENSE APPLICATION

1. Applicant's name: \_\_\_\_\_  
(LAST) (FIRST) (MI)  
*If you have ever been licensed under a different name, please refer to #3 in 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: \_\_\_\_\_

7. Applicant's license (certificate, not driver's license) number: MV - \_\_\_\_\_

**FOR THE REQUIRED INFORMATION BELOW, PLEASE PROVIDE THE EMPLOYING DEALER'S NAME, LICENSE NUMBER AND MAIN OFFICE ADDRESS EXACTLY AS IT APPEARS ON THE DEALER'S LICENSE.**

8. Employing dealership's name as it appears on VD license: \_\_\_\_\_

9. Employing dealership's primary location address: \_\_\_\_\_  
(STREET) (CITY) (STATE AND ZIP CODE)

10. Employing dealership's telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

11. Employing dealership's license number (write "PENDING" if dealership is submitting an initial application for the business):

VD \_\_\_\_\_ Be sure you list VD #, not DIN #

**\*Recent revisions to Section 5(C) of the Board of Vehicles Act allows a vehicle salesperson, who is employed by a dealer who holds a dealer license at more than one facility (branch location), to sell for such a dealer at each such facility provided each facility has the same owners. Therefore, all salesperson licenses will be issued to the primary location (VD license address).**

12. Employment start date as a **salesperson** at this dealer (month/day/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

13. Are you returning your current license? \_\_\_\_ YES \_\_\_\_ NO  
*If YES, attach original license to this application, keeping a copy for your records.*  
*If NO, explain why not.* \_\_\_\_\_

14. 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: \_\_\_\_\_

15. 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

16. 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
17. 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

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

\$25.00 for Change of Employer application **IF YOUR LICENSE IS CURRENT.**  
 \$115.00 for Change of Employer application IF YOU DO NOT HAVE A CURRENT LICENSE – 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.*

19. **IF YOU DO NOT HAVE A CURRENT 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 salesperson 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.**

Section #1	Section #2
If you have practiced as a vehicle salesperson 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.	If you did <u>not</u> practice as a vehicle salesperson 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. NOTE: If you have practiced at any time during this period, you may be subject to late renewal fees.
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. <input type="checkbox"/>	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. <input type="checkbox"/>

20. **EMPLOYER’S CERTIFICATION**

I do hereby request that a license be granted to \_\_\_\_\_ to work as a Vehicle Salesperson.  
 (Name of Applicant)

I believe the applicant to be honest, trustworthy, truthful, and of good repute.

\_\_\_\_\_  
 Signature of Dealer Representative Print Name Date

Designated Contact person (if different than above) \_\_\_\_\_

**ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY (mandatory for all licensees; signature required)**

I, \_\_\_\_\_, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am REQUIRED pursuant to Act 6 of 2018 to NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following: (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board. I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at [www.pals.pa.gov](http://www.pals.pa.gov) and select “Mandatory Reporting by Licensee” under the heading “Your Licenses.”

\_\_\_\_\_  
Licensee Signature Date

**21. 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 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.

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.

\_\_\_\_\_  
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 (DHS), 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 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.

\_\_\_\_\_  
Signature of Contact Person Print Name Telephone Number Fax Number