



Kentucky Motor Vehicle Commission  
**SALESPERSON LICENSE APPLICATION**

TC 98-04  
02/2017

This application must be completed in detail and typewritten or legibly printed. No application will be reviewed unless it is in compliance with the instructions set forth herein. All statements made in this application are subject to the penalties of perjury as set forth in the certificate at the end of the application. An incomplete application will be returned. The application must be returned to the Commission along with the license forms filled out in triplicate.

Applicant, as used in this application, means an individual who will work as a salesperson for a motor vehicle dealer licensed by the Commission.

1. The name of the applicant, including any aliases. \_\_\_\_\_

2. Name of the employing dealership. \_\_\_\_\_

3. Address of the dealership where the salesperson will work.

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Zip Code \_\_\_\_\_ Business Telephone Number(s) \_\_\_\_\_ Fax \_\_\_\_\_

4. Name of salesperson. \_\_\_\_\_

5. Clear legible copy of salesperson's driver's license.