

## HOW TO OBTAIN A SALESMAN'S LICENSE

Thank you for your interest in obtaining a Maryland salesman license. It is our mission to help you obtain your license in an efficient and timely manner. If you need assistance, please email us at [mvablcscsd@mva.maryland.gov](mailto:mvablcscsd@mva.maryland.gov).

### **Who Needs to Apply for Salesman's License?**

Any applicant who is hired/employed by a Maryland licensed dealer to buy or sell vehicles on the behalf of their employer. The dealer that employs the salesman may download the Salesman License Packet.

[http://www.mva.maryland.gov/businesses/\\_docs/Salesmen-License-Packet.pdf](http://www.mva.maryland.gov/businesses/_docs/Salesmen-License-Packet.pdf)

### **Applying for a Salesman's License**

#### **Step 1: Application for Salesman License (CS-043)**

Please complete the application for salesman's license in its entirety and please answer all background questions completely. The following documents need to accompany the salesman application:

- Submit receipt from Criminal Justice Information System – Central Repository attesting that you have completed in the fingerprinting process.
- Include a photocopy of current driver's license or identification card.
- Submit payment of \$ 202.50 for 3-year license.

Note: Possession of a valid driver's license is not required. For applicants without a valid driver's license, a letter from the owner or designee of the dealership stating perspective salesperson will not be driving any vehicles for sale or demonstration is required to be submitted with the packet.

#### **Step 2: Criminal Background Check**

Please complete the attached form titled **State of Maryland – Department of Public Safety and Correctional Services – Criminal Justice Informational Systems- Central Repository**. You may contact 410-764-4501 or 1-888-795-0011 (toll free) to schedule an appointment or visit an authorized location that provides background services.

You may visit the Department of Public Safety & Correctional Services website at

<https://www.dpssc.state.md.us/publicservs/bgchecks.shtml> to obtain additional information regarding a Maryland background check.

Please do not remove the Agency Authorization number or ORI number as this will cause your application to be rejected.

**Special Note:** Your background check will be sent directly to the MDOT Motor Vehicle Administration, 6601 Ritchie Highway N. E., 21062, Attention: Business Licensing Division.

#### **Step 3: Out of State Background Check**

If applicable, in addition to your Maryland background check, applicants must provide full and complete a criminal background check from the state in which you reside. The request should be made through the state law enforcement agency and submitted with your application. At the applicant's discretion, a Federal Bureau of Investigations criminal history record may be substituted for an out of state criminal background check.

#### **Step 4: Salesman License/ Authorization**

Upon approval, your salesman's license will be mailed or an authorization for license will be sent to the employing dealer. A license authorization form must be taken to a full service MVA within 45 days, if a valid photo is not on file.

**Mail or deliver completed packet to the MDOT MVA Business Licensing Division at  
MDOT MVA, 6601 Ritchie Highway, Glen Burnie, MD 21062 room 146**



**Application for Salesman's License**

Type of License:  New  Transfer  Corrected  Duplicate

Name of Applicant: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address (Home) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Dealer's License Number \_\_\_\_\_ Email \_\_\_\_\_

Full Name of Dealership (including corporate name) \_\_\_\_\_

Dealer Street Name \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dealership Contact (full name) \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Workers Compensation Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**Certification of Dealer:** It is certified that the above named person is employed and duly appointed as a salesman by the undersigned, a licensed motor vehicle dealer. I/we assumed responsibility for making certain the sales applicant does not sell vehicles until this application has been approved and a license has been issued.

**Important Notice to Dealership:** This is not a license to sell vehicles. This form must be approved by the MVA. Once approved, the employing dealer will receive a computer license authorization, which the salesperson will take to a MVA office. He/she will pay the appropriate fee, have their photo taken, and be issued a photo vehicle sales license period. The sales applicant may not sell vehicles until the sales license is issued.

Signature of Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Background Questions for Applicant**

Yes No

- 1. Have you ever applied for or been licensed as a salesman or a dealer in this or any other state?  
If yes, please indicate Type of License: \_\_\_\_\_ License Number \_\_\_\_\_  
Business Name: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_
- 2. Do you currently hold a dealer, salesman, or title service agent license issued Maryland or any other state?  
If yes, please indicate Type of License: \_\_\_\_\_ License Number \_\_\_\_\_  
Business Name: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_
- 3. Are any administrative actions, including suspension, revocation, refusal, or fines pending against any license you have held?  
If yes, give a detailed statement on a separate sheet.  
If yes, please indicate Type of License: \_\_\_\_\_ License Number \_\_\_\_\_  
Business Name: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ Date of Action \_\_\_\_\_
- 4. Have you ever been convicted of a crime other than a traffic violation? If yes, submit dispositions of charges from the court giving a detailed statement of charges, include dates and circumstances surrounding the incidents. And if you are currently or have been on parole or probation in the past, submit a statement from your parole or probation officer. This statement must indicate the terms and your current compliance with the terms of your probation.

I certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge, information and belief. I also certify that I am familiar with the Motor Vehicle licensing laws and other laws of Maryland governing the conduct of motor vehicle salesman and will cooperate with the Motor Vehicle Administration in the enforcement of the applicable provisions of the Transportation Article and the agency regulations and that I will engage in the business of selling motor vehicles or trailers only for the dealers for which the Dealer Licensing has so authorized.

Full Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**For MVA Use Only**

Application \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Representative Name \_\_\_\_\_ Date \_\_\_\_\_



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** *(PLEASE TYPE OR PRINT CLEARLY)*

Name:			
Date of birth:		SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>
Height:   ft.    inches	Weight:       lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <i>(Please check)</i>			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code:       -
Daytime Phone:	Evening Phone: -----	Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 1700002010	
ORI # (if required): MD003105Y	Reason fingerprinted?
Position Applied for:	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care	<input checked="" type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

**Mail Response to:**

*(Mailing option only available for Visa Gold Seal and/or Individual Review)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_