

SALESPERSON CHANGE OF EMPLOYMENT

INSTRUCTIONS — This form must be completed when a vehicle salesperson is employed or terminated. Complete all sections on form, place check in appropriate box, and give date of employment or termination.

Mail completed form to: DEPARTMENT OF MOTOR VEHICLES
OCCUPATIONAL LICENSING
P.O. BOX 93242, MS L 224
SACRAMENTO, CA 94232-3420

SALESPERSON LICENSE NUMBER S -		SALESPERSON'S NAME (LAST, FIRST, MIDDLE)	
BIRTH DATE MO. DAY YR.		CHECK ONE: <input type="checkbox"/> TERMINATED <input type="checkbox"/> EMPLOYED	DEALER NUMBER
		DATE MO. DAY YR.	
EMPLOYING DEALER NAME			
ADDRESS			
PRINTED NAME		AREA CODE/TELEPHONE NUMBER ()	
SIGNED (AUTHORIZED SIGNATURE) X		DATE	

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CUT ON LINE AND SAVE FOR YOUR RECORDS

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