AFFIDAVIT

NCDMV LICENSE AND THEFT BUREAU – DEALER UNIT 3129 MAIL SERVICE CENTER, RALEIGH, NC 27697-3129

Dealership Name

Deale	r No:						

This is to certify that I have the authority to sign for ______

and that the answers given to the following questions are true and correct.

1. What is the average number of qualifying sales representatives you have employed during the previous twelve (12) months?

NOTICE: A **QUALIFYING SALES REPRESENTATIVE** is a person who works twenty-five (25) hours per week on a regular basis and is compensated by the dealer for their work.

I understand that any false or incorrect statement may result in the revocation of my dealer license and possible criminal prosecution.

AN ACTIVE DEALER BOND IS REQUIRED TO OPERATE AS A NORTH CAROLINA AUTOMOTIVE DEALER. IF YOU HAVE OBTAINED A NEW BOND SINCE YOUR LAST RENEWAL, YOU MUST SUBMIT THE ORGINAL SIGNED AND SEALED COPY TO THE DEALER UNIT FOR RECORDING.

ACKNOWLEDGEMENT: I certify that the above information is true and accurate to the best of my knowledge.

Signature of Dealership corporate officer, LLC member, partner or proprietor			Date			
Signature of Applic	cant:					
Date	County	State				
•	• • • • • •		day, each acknowledging to me that he or she a and in the capacity indicated: (name of principal).			
Notary Signature		Notary Printed or Typed Name				
(SI	EAL)	Μν Γο	ommission Expires			