

North Carolina Department of Transportation
 DIVISION OF MOTOR VEHICLES
VEHICLE SERVICES SECTION
 3145 Mail Service Center
 Raleigh, North Carolina 27699-3145

**APPLICATION FOR
 MOTOR VEHICLE LICENSE PLATE AGENCY
 Commission Contractor**

**The application must be completed in the same individual name(s) in which the
 commission contract would be issued.**

1. Office Location: _____ Date: _____

2. Mr. Mrs. Ms. _____
 (LAST) (FIRST) (MIDDLE) (MAIDEN)

3. Mailing Address: _____
 (STREET & NUMBER OR RFD) (CITY) (COUNTY) (STATE) (ZIP CODE)

Telephone: Home (or where you can be reached) _____ Business: _____

4. Date of Birth: _____ Social Security Number (Last 4 Digits): _____

5. Are you a citizen of the United States? Yes No Dates of residence in North Carolina: _____

6. If your answer to any of the following questions is "Yes," please explain on the Continuation Sheet (page 4).
 A. Have you ever been arrested, indicted, or convicted of a violation of any law (other than minor traffic violations)? Yes No
 B. Have you ever been discharged or asked to resign from a position? Yes No
 C. Are you subject to call for active military duty or training to fulfill draft or reserve obligations? Yes No

7. Are you related by blood or marriage to any person now employed by the State of North Carolina? Yes No
 If "Yes", give name, relationship, and agency: _____

8. EDUCATIONAL RECORD:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12			GED	College: 1 2 3 4				Graduate School: 1 2 3 4					
Schools	Name and Location	Dates Attended	Grad?	S/Q Hrs.	Maj./Min. Course Work				Type Deg.				
High School			Yes										
			No										
College University			Yes										
			No										
Graduate or Professional			Yes										
			No										
Other educational vocational school, internship, etc			Yes										
			No										

9. State typing ability _____

10. Have you had any experience in cashier work? Yes No

11. Have you had any experience in motor vehicle title work? Yes No

12. Do you plan to operate agency in conjunction with another business? Yes No If "Yes," explain other business:

13. Give proposed office location with a description of the facility and available parking. (Include photographs of location): _____

14. APPLICATION:

Please list in the space provided (or continuation sheet) any potential conflict(s) the applicant may have in operating a License Plate Agency and/or with the Division of Motor Vehicles (Division) in operating a License Plate Agency. A potential conflict of interest may include, but is not limited to, licensure as, employment by, or interest in automobile dealers, inspection stations, junkyards, automobile financing and insurance agencies. For each potential conflict listed, please state whether the applicant would be willing to forego the potential conflict in order to enter into a contract with the Division to operate a License Plate Agency. If you are unsure if a particular interest that you have is a potential conflict, please list it as a possible conflict. All determinations as to whether a particular interest is a potential conflict will be resolved by the Division.

Please note that a Commission Contractor for a License Plate Agency will not be able to hire or retain employees at the License Plate Agency who have potential conflicts as indicated above.

Applicants are required to disclose any potential conflicts of interest on their application for a License Plate Agency, as well as indicate whether they would be willing to remove the potential conflicting interest in order to enter into a contract with the Division to operate a License Plate Agency. Applicants should also be aware that if the applicant enters into a contract with the Division to operate a License Plate Agency, the applicant will not be allowed to hire or retain employees who have potential conflicts of interest with the business of a License Plate Agency.

15. EMPLOYMENT RECORD:

Resumes will not be accepted in lieu of completing this application.

Current or Last Employer			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per		Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

Employer			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per		Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

EMPLOYMENT RECORD (CONTINUED)

Employer			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

Employer			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving:	May We contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

16. PERSONAL REFERENCES: Other than relatives, who can certify to your character, work experience and business capabilities?

- (A) Name _____
Address _____
- (B) Name _____
Address _____
- (C) Name _____
Address _____

NOTE: To be considered complete, information must be provided in all sections of the application, including the financial statement. Resumes will not be accepted in lieu of completing this application.

CERTIFICATION BY APPLICANT

I hereby certify that all answers and statements in this application are true. I am aware that, should any investigation disclose misrepresentation or falsification, I shall be disqualified for consideration for the position of Commission Contractor.

Date _____ Applicant's Signature _____

CONTINUATION SHEET

PERSONAL FINANCIAL STATEMENT

Name _____

Assets	Amount in Dollars
Cash - checking accounts	\$
Cash - savings accounts	
Certificates of deposit	
Securities - stocks / bonds / mutual funds	
Notes & contracts receivable	
Life insurance (<i>cash surrender value</i>)	
Personal property (<i>autos, jewelry, etc.</i>)	
Retirement Funds (<i>eg. IRAs, 401k</i>)	
Real estate (<i>market value</i>)	
Other assets (<i>specify</i>)	
Other assets (<i>specify</i>)	
Other assets (<i>specify</i>)	
Other assets (<i>specify</i>)	
Other assets (<i>specify</i>)	
Total Assets	\$

Liabilities	Amount in Dollars
Current Debt (<i>Credit cards, Accounts</i>)	\$
Notes payable (<i>describe below</i>)	
Taxes payable	
Real estate mortgages (<i>describe</i>)	
Other liabilities (<i>specify</i>)	
Other liabilities (<i>specify</i>)	
Other liabilities (<i>specify</i>)	
Other liabilities (<i>specify</i>)	
Other liabilities (<i>specify</i>)	
Total Liabilities	\$
Net Worth	\$

Signature:	Date:
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Details

ASSETS - Details

Notes and contracts held

From Whom Owing	Original Amount	Original Date	Monthly Payment	Maturity Date	History / Purpose	Balance Owing
	\$		\$			\$
Total						

Securities: stocks / bonds / mutual funds

Name of Security	Number of Shares	Cost	Date of Acquisition	Market Value
		\$		\$
Total				

Stock in privately held companies

Company Name	No. of shares	\$ Invested	Est. Market Value
		\$	\$
Total			

Real Estate

Description / Location	Amount Owing	Original Cost	Purchase Date	Market Value
	\$	\$		\$
Total				

LIABILITIES***Credit card & charge card debt***

Name of Card / Creditor	Amount Due
	\$
Total	

Notes payable (excluding monthly bills)

Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by (Lien)	Amount Owning
	\$	\$			\$
Total					

Mortgage / real estate loans payable

Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by (Lien)	Amount Owning
	\$	\$			\$
Total					