



North Carolina Department of Transportation
DIVISION OF MOTOR VEHICLES
 3145 Mail Service Center
 Raleigh, North Carolina 27697-0001

LICENSE PLATE AGENCY COMMISSION CONTRACTOR APPLICATION

- Individual Co-Applicant*: _____ Date of Application: _____
 I am applying for the License Plate Agency in _____ as advertised by the Division.
 * If co-applicant, all individuals must complete an application and indicate the co-applicant's name on their application.

IMPORTANT!! For application to be considered, 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.

PART I: APPLICANT INFORMATION

1. Applicant's Name: _____
 2. Residential Address: _____
 3. Mailing Address: _____
 4. Contact Info: Cell Phone: _____ Alternate Phone: _____
 Email Address: _____ Alternate Email Address: _____
 5. Date of Birth: _____ 6. Social Security Number (Last 4 Digits): _____
 7. Are you a citizen of the United States? Yes No If no, what authorization do you have for employment in the United States?
 Credential Type: _____ Expiration date: _____

If you answer "yes" to any of the following questions, please explain in detail in Part IV on page 3 of the application. A background check will be performed if selected as the Commission Contractor of a License Plate Agency

8. Have you been arrested or convicted of a violation of any law (other than minor traffic violations)? Yes No
 9. Have you ever been discharged or asked to resign from a position? Yes No
 10. Are you subject to call for active military duty or training to fulfill draft or reserve obligations? Yes No
 11. Are you related by blood or marriage to any person now employed by the State of North Carolina? Yes No

12. EDUCATION RECORD AND LEARNED EXPERIENCE

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	Graduated	S/Q Hrs.	Maj./Min. Course Work	Type Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>			
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate or Professional			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other Vocational Education			Yes <input type="checkbox"/> No <input type="checkbox"/>			

- 13. Professional Certifications: _____
- 14. Explain your typing ability: _____
- 15. Do you have any experience in cashier work? Yes No
- 16. Do you know how to balance a cash drawer? Yes No
- 17. Do you have any experience in motor vehicle title work? Yes No
- 18. Are you a certified notary? Yes No

PART II. EMPLOYMENT RECORD

Current or Last Employer		Address:	
Job Title:	Supervisor's Name:	No. Supervised by You	
Date Employed:	Date Separated:	Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours/week	
Duties:			

Current or Last Employer		Address:	
Job Title:	Supervisor's Name:	No. Supervised by You	
Date Employed:	Date Separated:	Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours/week	
Duties:			

Current or Last Employer		Address:	
Job Title:	Supervisor's Name:	No. Supervised by You	
Date Employed:	Date Separated:	Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hours/week	
Duties:			

PART III. PERSONAL AND PROFESSIONAL REFERENCES:

Other than relatives, please list those individuals who can certify to your character, work experience and business capabilities.

1. Personal Professional Name: _____
 Address: _____ Phone: _____
2. Personal Professional Name: _____
 Address: _____ Phone: _____
3. Personal Professional Name: _____
 Address: _____ Phone: _____
4. Personal Professional Name: _____
 Address: _____ Phone: _____

Part IV: Additional Details _____

PART V. PERSONAL FINANCIAL STATEMENT

Please note the amount or value on this personal financial statement, and add additional details for each item marked with an * on the following page as required.

IMPORTANT!! FOR AN APPLICATION TO BE CONSIDERED, INFORMATION MUST BE PROVIDED AS REQUIRED*

ASSETS*	AMOUNT IN DOLLARS
CASH – Checking Account(s)	\$
CASH – Savings Account(s)	\$
Certificates of Deposit	\$
Securities – stocks, bonds, mutual funds	\$
Notes and contracts receivables	\$
Life insurance (cash surrender value)	\$
Personal Property (autos, jewelry, valuables)	\$
Retirement Funds (eg: IRAs, 401k)	\$
Real Estate (market value)*	\$
Other assets (specify)	\$
Other assets (specify)	\$
Other assets (specify)	\$
Other assets (specify)	\$
Other assets (specify)	\$
TOTAL ASSETS¹:	\$

LIABILITIES**	AMOUNT IN DOLLARS
MORTGAGE	\$
TOTAL CURRENT CREDIT CARD DEBT	\$
NOTES PAYABLE (describe next page)	\$
TAXES PAYABLE	\$
Other Liabilities (specify)	\$
Other Liabilities (specify)	\$
Other Liabilities (specify)	\$
Other Liabilities (specify)	\$
Other Liabilities (specify)	\$
Other Liabilities (specify)	\$
TOTAL LIABILITES²:	\$
1 ENTER TOTAL ASSETS FROM ABOVE	\$
2 ENTER TOTAL LIABILITIES FROM ABOVE	\$
<i>Subtract Total Liabilities² from Total Assets¹ to determine Total Net Worth</i>	
TOTAL NET WORTH	\$

PART V (continued) FINANCIAL STATEMENT DETAILS.

FOR AN APPLICATION TO BE CONSIDERED, INFORMATION MUST BE PROVIDED AS REQUIRED.

ASSETS*				
Securities – stocks, bonds, mutual funds.	Number of shares	Cost	Date of Aquisition	Market Value
Notes and contracts receivables; Purpose	From Whom Owing	Original Amount	Monthly Payment	Balance Owing
Real Estate: Address and Property Description	Purchase Date	Original Cost	Amount Owing	Current Market Value
Additional information for any other assets:				
Other Asset				
Other Asset				
Other Asset				

LIABILITIES**				
Credit Card and Charge Card Debt	Amount Due	Interest Rate		
Name of Card/Creditor				
Notes Payable: Name of Creditor. Is the amount secured by a lien?	Original Amount	monthly Payment	Interest Rate	Amount Owing
Real Estate: Address and Name of Creditor. Is the amount secured by lien?	Original Amount	Monthly Payment	Interest Rate	Amount Owing
Other Liabilities (specify)				
Other Liabilities (specify)				
Other Liabilities (specify)				

PART VI. PROPOSED OFFICE LOCATION

Please note the address of the proposed office location? _____

Please provide a description of the facility and available parking(Include photographs of the location):

PART VII: CONFLICT OF INTEREST

Conflicts of Interest: Applicants are required to disclose any conflicts of interest on their application for License Plate Agency. Please provide any potential conflict(s) the applicant may have in operating a License Plate Agency and/or with the Division of Motor Vehicles. A potential conflict of interest may include, but is not limited to: Automobile dealer, Employee of Automobile dealer, Interest in Automobile Dealership, Inspection Station, Junkyards, Automobile financing agencies, or Insurance agencies. For each potential conflict, 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.

PART VIII. ACKNOWLEDGEMENT

- I acknowledge that if chosen as a Commission Contractor for a License Plate Agency I will not be able to hire or retain employees at the License Plate Agency who have a potential conflict of interest as indicated above.
- I acknowledge that if chosen as a Commission Contractor for a License Plate Agency I will not be able to hire or retain employees at the License Plate Agency who have been convicted of any serious misdemeanor or felony offense in an State or Foreign County.
- I acknowledge that if our business is chosen as a Commission Contractor for a LPA our business will be required to provide a guaranty bond pursuant to N.C. Gen. Stat. § 20-63.01.
- I 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.

Applicant's printed Name: _____

Applicants Signature: _____

Date _____

** Please email the completed application along with supporting documentation to:
ApplicationLPA@ncdot.gov