

LICENSING BRANCH
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

TEMPORARY LICENSE - MOTOR VEHICLE SALESPERSON
(Issued to walk-in applicants upon applicant's request)

Fill in Name & Employer's Business Address Below:

Name of Motor Vehicle Salesperson: _____

Name of Motor Vehicle Dealer: _____

Business Address of Dealer: _____

Temporary License No.: _____ Effective Date: _____

This is to certify that the person above has been duly granted a **TEMPORARY** MOTOR VEHICLE SALESPERSON'S LICENSE for employment only with the motor vehicle dealer named above.

**VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OR REPRESENTATIVE OF THE
MOTOR VEHICLE INDUSTRY LICENSING BOARD.**

Signature of Executive Officer, Motor Vehicle Industry Licensing Board

Date

**BE ADVISED THAT A TEMPORARY LICENSE SHALL NOT BE ISSUED TO ANY APPLICANT WHO ANSWERS "YES" TO
QUESTION NOS. 5, 6, OR 7 ON APPLICATION.**