CERTIFICATE OF LICENSE TRANSFER - MOTOR VEHICLE				Approved at Board Meeting on		
SALESPERSON						
Access this form via website at: http://cca.hawaii.gov/pvl/						
Instructions:			NLY			
 Complete Section A and have new employer complete Section B. Attach pocket identification card and \$25* transfer fee. 			FOR BOARD USE ONLY			
	Make check payable to: COMMERCE & CONSUMER AFFAIRS Deliver or mail to: Motor Vehicle Industry Licensing Board					
DCCA, PVL, Lic Branch			οA			
335 Merchant Street, Room 301 P.O. Box 3469			8			
Honolulu, HI 96801			FC			
Phone: (808) 586-3000						
*A \$25.00 se the bank.	rvice fee will be charged for chec					
	Name (First-Middle) (LAST)				
ION A. TO BE COMPLETED BY LICENSEE	Name (First-Middle)	LAST)		LICENSE NUMBER		
	Residence Address (Include apt. no., city, state and zip code)		STATE	OF HAWAII DEPARTMENT OF	COMMERCE AND CONSUMER AFFAIRS	
			ATTACH POCKET IDENTIFICATION			
	Mailing Address (ONLY if different from residence)		CARD HERE.			
			Another card indicating new employer will be issued upon approval by the Board.			
	Social Security No. Residence Phone No. (days)			.,	•	
	Codal Occurry No.	residence i none ivo. (days)	(Signate	ure of		
			License			
	Your former dealer employer must notify the Board of your termination.		Name and Business Address of LAST motor vehicle dealer employer:			
SE C	Has your employer done so?					
70 E						
A. A	YES	NO			da, am	
NOI			Employment dates with above employer: From: To:			
SECT	I hereby certify that the information contained in my original applic			remain unchanged as o		
S	employment noted above. I also certify that I will engage in the business or negotiate for sale of motor vehicles for the employer					
	designated below only and that the statements contained in this application are true and correct.					
	Date		Signature of Licensee			
SECTION B. TO BE COMPLETED BY PROSPECTIVE DEALER EMPLOYER	Name and Principal Business address of Dealer:		It is hereby certified that the above-named will be employed effective as a motor vehicle salesperson or broker's agent by the undersigned.			
			salesp	erson or broker's agent b	by the undersigned.	
	Mailing Address of dealer if different from actual location:					
				ignature of Authorized Pers		
	Dealer License number:	Business Phone No.	Print Na	ame		
			Title			