Auto Industry Division P.O. BOX 17087 DENVER CO 80217-0087 (303) 205-5604 dor_dealers@state.co.us

Colorado Auto Industry Salesperson Application

For Auto Industry Division Use Only

DATE STAMP
OFFICE USE
ONLY

Board Approval and Date Fee Submitted

\$

Applicant's Full Legal Last Name (Please Print) Full Legal First Name

Full Legal Middle Name

Salesperson Application Checklist

Colorado law has certain requirements that must be met before a Motor Vehicle Salesperson license is authorized by the Motor Vehicle Dealer Board.

It is crucial that all aspects of the application are completed before submission to the Division for review. This includes all required documents attached to the basic application. Failure to complete the application requirements in full will result in delays and/or possible denial of your application for submitting an incomplete application.

Please use the following checklist to assist you through the application process. Additionally, the Division's website is a valuable tool that contains copies of forms needed to complete the application process. The website also contains additional information on the application process.

The website address is: SBG.Colorado.gov/AID

1. Application Completed and Signed - DR 2115 (9 total pages including this page)

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact the Auto Industry Division office to seek clarification. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application. Notice: You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number.

2. Attachments Required

DR 2097 – Mastery Examination Affidavit

(Note: The Mastery Exam must be completed prior to application)

Copy of Salesperson Bond (Note: Bond must be signed by the applicant)

Verification of Fingerprints – Provide a Verification of Fingerprints form (DR 2197) AND either a receipt/confirmation from a 3rd party vendor OR two (2) fingerprint cards. See the Auto Industry Division website listed above for specific requirements that must be met by all applicants.

Copy of Secure and Verifiable Identification document. (See Division's website for clarification)

Certified **court** copies of all criminal history convictions, if applicable. (Question #1, #2, and #3 on page 4 of Application)

Certified **court** copies of all financial issues, if applicable. (Question #4 on page 5 of application)

Documentation of proof of payment and/or payment plans, if applicable. (Question #5 on page 5 of application)

3. Application Fee – Must be for exact amount

Fingerprint Fee – Fee must be paid to the Auto Industry Division OR provide a receipt or confirmation from a 3rd party vendor. For more information, see the Auto Industry Division Website.

Submit all fees in the form of check or money order, payable to the Colorado Department of Revenue.

Fees can be obtained on line: SBG.Colorado.gov/AID

4. Submit Your Application (Note: Remember to sign and date the bottom of every page where required)

The AID mailing address is listed at the top of this form.

The physical address can be found on the AID website.

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Salesperson License Application Form

Ch	eck One:	DR 2570 C	Original Application	on	DR 2571 Renewal	DR 2572	Addition	al Lic	enses
-			Po	ersona	l Information				
1.	Applicant's Ful	l Legal Name	(Last, First, Midd	dle)					
2.	List any and al	I names used	(aliases, maiden	names,	nicknames, etc.)				
3.	Home Address	(Do not use a	a PO Box)						
4.	City					5.	State	6.	ZIP Code
7.	Home Phone	8. (Cell Phone	9.	Email Address				
10.	Date of Birth	11 . S	Social Security N	umber					
12.	Have you ever	been licensed	d as a Dealer or	Salespei	rson in this or any othe	er state?	··· ·	Yes	No
13.	If Yes for Ques	tion #12-State	e Issued and Lice	ense Nur	mber and dates of Lice	ensure			
14.	Mailing Addres	s, if different f	rom Home Addre	ess (City	, State, ZIP).				
App	olicant's Full Leg	al Name (Last	t, First, Middle). F	Please p	rint				
Sig	nature						Date	e (MM/I	DD/YY)

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Criminal and Financial History – You must read instructions before completing this section

1.	Have you ever had any professional or occupational license, including a dealer or salesperson license, fined, denied, suspended, revoked or subject to any other type of disciplinary action?	Yes	No
	 If yes, provide all supporting documents including but not limited to: Copy of the original charges or complaint. Copy of any Agency Order or other notification of the action taken. A confirmation of the current status of the license, certification, or registration. 		
2.	Have you ever been convicted of ANY FELONY in this or any other country?	Yes	No
	 NOTICE: Do not rely upon your understanding that a conviction is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action. 		
3.	In the past ten (10) years have you been convicted of ANY MISDEMEANOR in this or any other country?	Yes	No
	 You must include ALL MISDEMEANOR traffic offenses. Examples of misdemeanor traffic offenses include but are not limited to: DUI; DWAI; reckless driving; careless driving; leaving the scene of an accident (hit and run); driving under denial, suspension, revocation, or restraint. 		
	 NOTICE: Do not rely upon your understanding that a conviction is "not supposed to be on your record." A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action. 		
ap fin of pe jud dis	you answered YES , explain in detail within the CRIMINAL HISTORY DISCLOSURING plication. For each offense for which you were convicted, you must obtain certified all disposition from the court where you appeared, showing the final disposition your case. This information will include whether you were found guilty or plead guilty analty (money fine, time in jail or prison, or probation or deferred sentence). If you readgment, a deferred sentence, or probation, your documentation must include the date scharged or released from probation or other supervision. Additionally, you should be compared to your rehabilitation for any conviction you want the Moteral Board to consider.	d copies of ion (outcon lty; and the ceived a det te that you of provide a	f the ne) ferred were ny
Ap	plicant's Full Legal Name (Last, First, Middle). Please print		
Sig	gnature	Date (MM/DD/Y	Y)

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4.	Are you currently charged with any criminal offense in this or any other country? If yes, on page 6 and page 7 in the Criminal History Disclosure section, provide a detailed explanation of the issue including, but not limited to, charge(s), jurisdiction, court case number, and current case status	Yes	No
5.	Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever suffered any judgment in any civil action involving fraud, misrepresentation or conversion? If you answered yes, on a separate sheet of paper you must give an explanation of the issues and are required to submit certified court copies of the final disposition.	Yes	No
6.	(a) - Are you delinquent in the filing of any tax return with any taxing agency anywhere?	Yes	No
	(b) - Are you delinquent in the payment of any taxes, interest, or penalties due to any taxing agency anywhere?	Yes	No
	(c) - Are you delinquent in the payment of any judgments due to any governmental agency anywhere?	Yes	No
	*If you answered YES to any of the questions above, give details on separate sheet and include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on this issue.		
	NOTICE: If you answered YES to any of the questions above, you must provide proof you have taken steps to resolve the financial delinquency before being issued a Colorado salesperson license		

Applicant's Full Legal Name (Last, First, Middle). Please print

Signature Date (MM/DD/YY)

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Criminal History Disclosure(s)

Failure to disclose any convictions (including nolo contendere pleas, Alfred pleas, or deferred judgments)
may result in disciplinary action, up to and including the denial or revocation of your license or license
application. Please List Each Offense Separately

1	Date of Offense	Place of Offense
Arresti	ing Agency	
Origina	al Charge	
Dispos	sition Narrative — Mus	st also provide certified court copies of the final disposition.
2	Date of Offense	Place of Offense
Arresti	ing Agency	
Origina	al Charge	
Dispos	sition Narrative — Mus	at also provide certified court copies of the final disposition.
Applica	ant's Full Legal Name	(Last, First, Middle). Please print

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Date (MM/DD/YY)

Signature

Criminal History Disclosure(s) - Continued Please List Each Offense Separately Date of Offense Place of Offense 3 Arresting Agency Original Charge Disposition Narrative — Must also provide certified court copies of the final disposition. Date of Offense Place of Offense 4 Arresting Agency Original Charge Disposition Narrative — Must also provide certified court copies of the final disposition.

Applicant's Full Legal Name (Last, First, Middle). Please print

Signature Date (MM/DD/YY)

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Witness 1 Signature

hereby authorize the Colorado Motor Vehicle Dealer Board and the Auto Industry Division to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Auto Industry Division to provide any and all such information deemed necessary by the Auto Industry Division. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Auto Industry Division a complete and accurate record of any and all tax information or records relating to me. I authorize the Auto Industry Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Auto Industry Division to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Auto Industry Division reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Auto Industry Division may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Auto Industry Division, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, the applicant, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Auto Industry Division, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Auto Industry Division, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print your Full	Legal Name clea	rly below:				
Legal Last Name (Please Print)		Legal First Name	Full Middle Name			
Signature (Must be	signed in front of two	witnesses)				
(D	ay)	(Month)	(Ye	ear)	(Time)	
Dated this	day of		20	at		
City			State			

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Witness 2 Signature

Employing Dealer's Certification

NOTE: The employing Dealer must complete this section. I am currently a licensed Motor Vehicle Dealer/Powersports Dealer by whom the above applicant is to be employed

Dealer License Number

Business Street Address

Print Employing Dealership's Name

City State ZIP Code

Business Phone Number Business E-mail Address

Business Fax Number

Dealership Representative Signature

Dealership Representative Printed Name

Title (Owner, Corporate Officer, LLC Manager, or General Manager)

Date

Bond Information

Salesperson's Bond Number

Bond Company Name

NOTE: A copy of the original bond must be submitted with Application.

Applicant's Statement of Understanding

I understand that if my application is incomplete that it will be rejected and no license will be issued.

I understand that state law requires me to provide proof that I am lawfully present in the United States as well as submission of a secure and verifiable identity document.

I understand that in accordance with sections §44-20-121(6)(a), §24-4-104(13), and §18-8-503, C.R.S., false statements made herein are punishable by law and providing false information is grounds for denial, suspension or revocation of a license. I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a Salesperson application or the revocation of the license. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Auto Industry Salesperson license.

I understand that at any time before the Board has taken final action, I can withdraw my application.

I understand that if my employment ends with the dealership identified on this application, this application will be deemed abandoned.

I attest that my signature appearing on pages 3 - 9 of this application, signifies that I have reviewed the information and that it is true and accurate.

I declare, under the penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that all statements and disclosures, included in this Application, are true and correct.

Legal Last Name (Please Print) Legal First Name Legal Middle Name

Signature of Applicant (Using Full Legal Name)

Date (MM/DD/YY)

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