

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

Employer Certification

Applicant's - Full Legal Last Name (Please Print)	Full Legal First Name (Please Print)	Full Legal Middle Name (Please Print)
I am currently a licensed Motor Vehicle Dealer/Powersports Dealer/Manufacturer/Distributor License Number:		
By whom the above applicant is to be employed.		
Print Name of Employing Dealership/Manufacturer/Distributor:		
Business Address	Business Phone Number	
Business E-mail Address	Business Fax Number	
Printed Name of Employer Representative:		
Signature of Employer Representative:		
Title (Owner, Corporate Officer, LLC Manager, or General Manager)	Date	