



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 | |