

Colorado Auto Industry Manufacturer Representative Application

Page 1 of Application

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

Manufacturer Representative Application Checklist

Colorado law has certain requirements that must be met before a Motor Vehicle Manufacturer Representative license is authorized by the Executive Director of the Department of Revenue.

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 2662 (7 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 4679 – Affidavit - Restrictions on Public Benefits
- 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 3 of Application)
- Certified COURT copies of all financial issues, if applicable. (Question #4 on page 3 of application)
- Documentation of proof of payment and/or payment plans, if applicable. (Question #5 on page 3 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.

DATE STAMP
 OFFICE USE
 ONLY

FOR AUTO INDUSTRY DIVISION USE ONLY				
Data Entry Date	Criminal History Check	License #	Board Approval & Date	Fee Submitted
				\$

Manufacturer Representative License Application Form

Check One: 2550 Original Application 2551 Renewal 2550 Multiple

Personal Information				
1. Applicant's Full Legal Name (Last, First, Middle)				
2. List any and all names used (aliases, maiden names, nicknames, etc.)				
3. Home Address (Do not use a PO Box)				
4. City	5. State	6. ZIP Code	7. Home Phone	8. Cell Phone
9. Email Address				
10. Date of Birth			11. Social Security Number	
12. Have you ever been licensed as a Manufacturer or Manufacturer Distributor, or Manufacturer Representative in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. If Yes for Question #12-State Issued and License Number and dates of Licensure	
14. Mailing Address, if different from Home Address (City, State, ZIP).				
Applicant's Full Legal Name (Last, First, Middle). Please print				
Signature				Date (MM/DD/YY)

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

1. Have you ever had any professional or occupational license, including a Manufacturer or Manufacturer Distributor or Manufacturer Representative 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.

*If you answered YES, explain in detail within the CRIMINAL HISTORY DISCLOSURE area of this application. For each offense for which you were convicted, **you must obtain certified copies of the final disposition from the court where you appeared, showing the final disposition (outcome) of your case.** This information will include whether you were found guilty or pled guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision. **Additionally, you should provide any documentation related to your rehabilitation for any conviction you want the Motor Vehicle Dealer Board to consider.**

4. Are you currently charged with any criminal offense in this or any other country? If yes, on page 4 or page 5 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 Manufacturer Representative license.

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

Signature

Date (MM/DD/YY)

Investigation Authorization Authorization to Release Information

I, _____, hereby authorize 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 clearly below

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
Signature (Must be signed in front of two witnesses)		
Dated this _____ day of _____, 20____, at _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (day) (month) (year) (time) </div>		
_____, <div style="display: flex; justify-content: space-around; width: 100%;"> (city) (state) </div>		
Witness 1 Signature	Witness 2 Signature	

Employer's Certification

It is hereby certified that the above named individuals are employed as manufacturer or distributor representatives of the undersigned, who is duly licensed pursuant to Article 20, Title 44 of the Colorado Revised Statutes. If these individuals are licensed and then leave the employment of the undersigned, their respective licenses will be returned to the Auto Industry Division.

Manufacturer/Distributor Name		License Number
Business Address		
E-mail Address		Telephone Number
Signature	Title	Date (MM/DD/YY)

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(2)(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 Manufacturer Representative 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 Manufacturer Representative 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 manufacturer or distributor identified on this application, this application will be deemed abandoned.

I attest that my signature appearing on pages 2 - 7 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)