DR 2105 (06/01/21) COLORADO DEPARTMENT OF REVENUE SBG.Colorado.gov/AID

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

Buyer Agent License Application Original application

IMPORTANT: A Buyer A "Buyer Agent Application								
Check One: 2555 Ori	ginal Application	n Check On	e: Individ	lual D Pa	artnership	☐ Corporation ☐	Limited Liability	
Name of Applicant (Individual)						Trade Name Registration		
2. Trade Name Business Phone Email Address								
O Address of Dusiness Leasti	(I) O:t			10	
Address of Business Location	on (exact location	on, no post box	addresses allo	wed) City		ZIP	County	
4. Premises are:	If leased, fron	n whom?	Address	of Lessor			Date Lease E	xnires
Owned Leased			7 1001 000 1	. 2000.				
5. Mailing Address (if different	t)							
6. List all owners, partners, n	nembers, or sto	ckholders and t	the company owr	nership percen	tage of ea	ach below. (Use additional	paper if necessa	ry)
Full Name	Date of	Home Address (Street City			Socia	al Security Number and	Home Phone	%
	Birth				SSN	Email Address		Owned
					Email		1	
					SSN			
					Email			
					SSN			
					Email			
					Email		4	
					SSN			+
					Email		-	
7. Can each owner or partne	r provide proof	of lawful US pre	esence? (Attach	a Copy of Ide	ntificatio		☐ Yes	□ No
Please review emergency			•			,	1es	
SBG.Colorado.gov/AID (se								
In the past 10 years has the officer of said applicant ever							☐ Yes	☐ No
excluding traffic violations?								
date place of conviction,		•		•	I final co	urt judgments for those		
9. Has the applicant, any part					or officer	of said applicant over:		
a. Had a motor vehicle de		-	•			• •	☐ Yes	☐ No
b. Had any other type of occupational license (excluding driver's license) subjected to denial or disciplinary action?								☐ No
c. Filed or been declared		` `	,	•			☐ Yes	☐ No
Any "yes" answer above	must be expla	ined fully in s	eparate letter si	gned and dat	ed by app	olicant.		
I have read the foregoing app								е
second degree. I agree to cor Secretary of the Motor Vehicle								hah
against me on any claim for d								
Vehicle Dealer Law. I hereby	authorize the re	lease to Board	agents of any and	d all records pe	ertaining to		inal background.	
Signature						Title		
Printed Name						Date		
	Agent Number	•	Date Issued (MM	I/DD/YY)	Fee Sul	omitted		
For Official							-	
Use Only	CCIC Date (MI	M/DD/YY)		Denartment	's Action:	☐ Approved ☐ De	Date (MMDD	/YY)
	Department's Action: Approved Denie							