



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

## Employer Certification

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