

Salesperson Notification of Change Form

(Fill out the appropriate section and return to address listed below)

(Section A)

Cancellation of Salesperson's Employment

(Must be completed within ten (10) days of termination)

This is to inform the Division of Motor Vehicles that the employment of the salesperson named in the space provided below, has been terminated as of _____ 20__, and it is understood that his/her license to sell vehicles for this dealership is null and void.

Name of Salesperson: _____ License # _____

Address of Salesperson: _____
Street City State/Zip

Name of Dealership: _____ Dealer # _____

Address of Dealership: _____
Street City State/Zip

Signature of Dealer

(Section B)

Transfer of Address/Employment of Salesperson

(Must be completed within ten (10) days of hiring)

Name of Salesperson: _____ License # _____

Appointing Dealer: _____ Dealer # _____

Dealerships Address: _____
Street City State/Zip

Old Dealerships Address: _____
Street City State/Zip

Signature of Salesperson

Date

Signature of New Dealer

Date

Return Address for completed form:

**Division of Motor Vehicles/Dealer Services
1615 Washington Street, East
Room 303
Charleston, WV 25317**