

STATE OF NEBRASKA
NEBRASKA MOTOR VEHICLE INDUSTRY LICENSING BOARD
301 CENTENNIAL MALL SOUTH
PO BOX 94697, LINCOLN, NE 68509
Telephone: 402-471-2148

Application for:

FEE: \$20.00

MOTOR VEHICLE /TRAILER MANUFACTURER OR DISTRIBUTOR REPRESENTATIVE LICENSE

Applicant, _____
(Print or type name) (Social Security number)

does hereby make application for a Representative License in accordance with Ch. 60, art. 14, R.R. S., 1943 as amended, and in connection herewith makes the following material statements:

1. Applicant is employed by _____
(Name of manufacturer or distributor)

(Address) (City) (State) (Zip Code)

2. Description of applicant is as follows:

Date of Birth _____ Sex _____ Color of hair _____ Weight _____ Height _____

3. Applicant's home address _____
(Street address) (City) (State) (Zip code)

4. Has applicant had a Nebraska Motor Vehicle/Trailer Salesperson or Representative License previously? YES __ Year ____
NO ____

STATE OF _____)

County of _____)

_____, being first duly sworn, upon oath deposes and says: That he/she is the applicant who makes the above and foregoing application; that he/she has read the same, knows the contents thereof, and that all statements therein contained are true.

(Signature of Applicant)

SUBSCRIBED in my presence and sworn to before me this ____ day of _____, _____

(Notary Public)

*** CERTIFICATE OF APPOINTMENT ***

MUST BE COMPLETED BY AN OFFICIAL OF THE DISTRIBUTING COMPANY OR MANUFACTURING COMPANY

THIS IS TO CERTIFY THAT _____, whose application for Representative License is submitted above, has been duly employed by the undersigned manufacturer or distributor for the purpose of making or promoting the sale of its motor vehicles or trailers or for supervising on contracting its dealers or prospective dealers.

Manufacturer or Distributor Name _____ NE License ID _____

Address, City, State, Zip Code _____

Printed name and title of Official of above Firm _____

Signature of above named Official _____