FOR DGIF USE ONLY

License No. _____

Issue Date: _____

Expiration: _____

Fee: $15.00

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF GAME AND INLAND FISHERIES
WATERCRAFT DEALER LICENSING SECTION
P.O. Box 90778, Henrico, VA 23228
Phone: (804) 367-1011

REPRESENTATIVES LICENSE APPLICATION

Make Check Payable to the **TREASURER OF VIRGINIA**

TYPE OF LICENSE: Check Appropriate Box
_____Factory Representative
_____Distributor Representative
_____Distributor Branch Representative

TYPE OF APPLICATION:
_____New
_____Renewal – List Current License Number
_____Change – Explain: _____

1. Name of Applicant: _____
(First) (Middle) (Last)
Home Address: _____
(Street)
_____
(City) (State) (Zip)
Social Security No. _____

Sex: _____ Weight _____ Height _____ Eye Color _____ Hair Color _____

Date of Birth: Month_____ Day _____ Year _____

2. Employer's Watercraft Dealer Number: _____

Name of Employer: _____

Trading As: _____

Business Address: _____
(Street Address)
_____
(City) (State) (Zip)
Mailing Address: _____
(If Different) (PO Box Number/Street)
_____
(City) (State) (Zip)

3. (a) Have you been employed by a manufacturer of distributor whose watercraft dealer license was suspended or revoked?
_____Yes _____ No
(b) Have you ever been convicted of a crime or pleaded nolo condere or guilty to an indictment for a crime involving a watercraft? _____Yes _____No
(c) Will applicant be working as a full time representative? _____Yes _____No

4. CERTIFICATION: I certify that all information contained herein is true and correct.

_____
Applicant's Signature

Date: _____

5. EMPLOYER'S STATEMENT: I/we certify the applicant named herein is employed by the above firm as a representative and that my/our firm is duly licensed to deal in watercraft.

_____
Authorized Signature

Date: _____