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