



Employment Authorization Form

In compliance with the Salesperson Licensing Regulation of the Motor Dealer Act

SECTION A Salesperson Information - please print clearly

Last name _____ Given names _____

Date of birth / / VSA licence# _____ Email address _____
mm / dd / yyyy (not a dealer email address)

The following sections need to be completed and signed by an authorized official of the dealership that you are or will be employed at.

SECTION B Motor Dealer Business Information - please print clearly

Dealership name(s) _____ VSA dealer #(s) _____

Phone number _____ Email address _____

SECTION C Designated Employment Authorization - please print clearly

Primary role of Licensee: Salesperson Lease Office Business Office Internet Sales Management Dealer Principal

Employment start date: / /
mm / dd / yyyy

Print name - Authorized Official

Signature - Authorized Official

Dealer: Please complete Section D and return it to the VSA when employment is terminated.

SECTION D Cancellation of Employment - please print clearly

The salesperson identified in Section A above is no longer employed and is no longer an authorized designated salesperson of the business effective as of the date below.

Employment end date: / /
mm / dd / yyyy

Print name - Authorized Official

Signature - Authorized Official