



City of Pasadena Permit Department Auto Salesman Information Sheet

1. Obtain application from the Permit Department. (Complete and return, notarized.)
2. Upon completion of the application, the Permit Department will present it to the Pasadena Police Department for approval or disapproval.
3. Applicant will be notified by the Permit Department of the Police Department's action.
4. All sales persons are to be licensed, as salesman, by the City of Pasadena.
5. Dealers may NOT employ unlicensed salesmen.
6. Dealers employing the applicant must sign the application.
7. Salesman License fee is \$50.00 per year. THE FEE MUST BE PAID AT THE TIME OF APPLICATION (NO REFUNDS.)
8. Salesman's license must be renewed before June 1st each year.
9. Attach a copy of Driver's License and Social Security Card.

Alissa Dudley Newell
Permit Services Supervisor
713-475-4866

City of Pasadena, Texas
Motor Vehicles Salesman License Application
(Art.111, Chapter 22, Code of Ordinances)

Name: _____ Home Address: _____

Home Phone #: _____ Date of Birth: _____

Social Security #: _____ D.L.#: _____

Former addresses (list last 5 years)

I hereby make application for a Motor Vehicle Salesman License in the City of Pasadena with:

Name of Auto Dealer _____

Address _____ Phone # _____

Applying for _____ Full time _____ Part Time. If Part Time list names and addresses of other employment.

Employment History (past 5 years)

Name of Employer	Address	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has applicant EVER been ARRESTED for a Misdemeanor crime? ____ Felony crime? ____

If yes, please explain: (FAILURE TO PROVIDE COMPLETE. CORRECT INFORMATION MAY RESULT IN AUTOMATIC DENIAL)

Has applicant EVER been convicted of an offense involving moral turpitude? _____

Has applicant EVER been denied an auto salesman license or had a license revoked in this or any other state? _____

If yes, give dates and reason for denial and revocation _____

Does applicant agree to file his/her fingerprints with the City? _____

Does applicant understand that Motor Vehicles can only be sold for the company for which license is issued? _____

Does applicant understand that you must send in for your license transfer as soon as you leave the employment of a dealer and gain employment with another dealer in the city limits of Pasadena, Tx? _____

I hereby certify that all statements are true and complete and that ANY false information or misrepresentation will be grounds for denial of this application? (Sec. 22-52, Pasadena Code of Ordinances)

APPLICANT SIGNATURE

DEALERSHIP/AUTHORIZED
AGENT SIGNATURE

Subscribed and sworn to before me, the undersigned authority, on this ____ day of _____ 20_____.

Notary Public, Harris County

Police Department Action
Recommended Approved _____ Recommended Deny _____
Reason _____

Investigating Officer For _____
Chief of Police

.....

Permit Department Follow -up
Approved _____ Denied _____ Denied Notice Sent _____
Remarks _____

.....

Appeal Process
Date of Notice Appeal Received _____ Date Appeal Hearing Scheduled _____
Result of Hearing: Based upon official action of the City Council, the application is:

Approved: License to be issued, Remarks _____

Denied: Remarks _____

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my finger print criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Empl ____	Vol/Contractor ____	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		