



### Employment Authorization Form

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

*The Vehicle Sales Authority of BC (VSA) is defined as a public body under the Freedom of Information and Protection of Privacy Act. Personal information is collected, used and disclosed in accordance with the provisions of that Act.*

<b>Section A: Salesperson Information</b> – please print clearly					
Last Name			Given Name		
MM	DD	YYYY	Email address		SP#
Date of Birth					VSA Salesperson # (To be supplied by VSA)

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

*If you are currently seeking retail vehicle sales employment at a licensed dealership, please leave the following sections blank and check this box.*

<b>Section B: Motor Dealer Business Information</b> – please print clearly			
Legal Name of Business			D#
			VSA Dealer Number
Doing Business As (Name)			Contact Name
Phone Number	Fax Number	Email Address	

<b>Section C: Designated Employment Authorization</b> – please print clearly					
The salesperson identified in <i>Section A</i> above will be employed by the motor dealer to act as, and is appointed as, a designated salesperson as indicated below (check the primary position) effective on:					
<input type="checkbox"/> Salesperson	<input type="checkbox"/> Lease Office	<input type="checkbox"/> Business Office	<input type="checkbox"/> Internet Sales	<input type="checkbox"/> Management	<input type="checkbox"/> Dealer Principal
Employment START Date: MM DD YYYY					
Print Authorized Official's Name			Signature of Authorized Official		

<b>Section D: Cancellation of Employment</b> – please print clearly.					
<b><i>Dealer: Please complete Section D and return it to VSA when employment is terminated.</i></b>					
The salesperson identified in <i>Section A</i> above is no longer employed and is no longer an authorized designated salesperson of the business effective as of the date below.					
			Print Authorized Official's Name		
MM	DD	YYYY			
Employment END Date			Signature of Authorized Official		

*This form may be submitted by email or fax for currently licensed salespeople only.  
\*\*New salespeople must submit completed salesperson applications to the VSA prior to starting employment with the dealership.*