



Ontario Motor Vehicle Industry Council

789 Don Mills Road, Suite 800, Toronto ON M3C 1T5
Tel: 416-226-4500 Fax: 416-226-3208 Toll-Free: 1-800-943-6002

SALESPERSON CANCELLATION NOTICE

This application is to be completed by motor vehicle dealers when **a salesperson leaves their dealership for any reason (including resignations)**. If individuals are being removed in a different capacity (e.g., as officers, directors, shareholders or signing officers), please complete the "Individual Change Notice" form. If the same individual is being removed both as a salesperson and in another capacity, please submit the "Individual Change Notice" form along with this form.

SECTION A: GENERAL INFORMATION

Salesperson

First Name: _____ Middle Name: _____

Last Name: _____

D.O.B. (YYYY/MM/DD): ____/____/____ Registration Number: _____

Dealership

Legal Name of Dealer Business (Trade) Name of Dealer (if applicable)

Dealer Registration Number: _____

SECTION B: CANCELLATION INFORMATION

Last Day of Employment: ____/____/____ (YYYY/MM/DD)

Please explain below why the salesperson left:

Pursuant to your obligations under Section 23 and 24 of the *Motor Vehicle Dealers Act* ("the Act"), you are required to notify OMVIC if there was anything about the salesperson's honesty, integrity, financial responsibility or lawful conduct that led to their departure.

Will the salesperson named in this notice continue to be involved in the dealership in any other capacity (e.g. as an officer, director, shareholder, signing officer, etc.)?

Yes No

For office use only

Registration Number: _____

If “yes,” please explain (attach additional sheets if necessary):

SECTION C: CONSENT AND UNDERTAKING

I confirm that I have not misrepresented or omitted any material facts in any document or statement made in support of this application. I understand that each statement is subject to verification. I understand it is a serious offence to knowingly provide false information in connection with this application. **I further understand the provision of false, incomplete or misleading information, or the omission of information in this application or the documents submitted with it, may result in the refusal, suspension or revocation of registration.**

In order to complete or verify the information provided on this form, it may be necessary for the Ontario Motor Vehicle Industry Council to collect additional information from, or to exchange information with, government and relevant non-government sources regarding the applicant, its officers, directors, partners and shareholders. On request by OMVIC, I agree to furnish any required authorization or release to obtain information. I consent to the collection of this information as authorized under the *Motor Vehicle Dealers Act 2002* (“the Act”). I understand this information will be used to determine whether I am and remain qualified for the registration for which I am applying or to ensure compliance with the Act. Only information relevant to my registration will be collected. I further consent to the sharing of any information gathered in the course of processing this application with others as may be considered necessary in the course of determining whether I am and remain qualified for registration or to ensure compliance with the Act. **I understand the consent to the collection and sharing of this information remains ongoing throughout the term of my registration and during the application process.**

I understand I must notify OMVIC in writing within five days of any changes to this information that occurs following this application being filed. I confirm I have retained a copy of this application for my records.

The registration record, which includes the applicant’s name, registration number, business address and registration dates, is part of the public record.

The applicant understands it is a violation of the Act to conduct business as a motor vehicle dealer without benefit of registration from OMVIC.

I confirm that I have read and understood the information provided on the reverse of this application.

I certify the information provided by the undersigned in support of this application, is to the best of my knowledge and belief, true.

Name of Authorized Individual/ Employer

Signature of Authorized Individual/Employer

Position of Authorized Individual/Employer

____/____/____
Date (YYYY/MM/DD)

Name of person who completed this application, if different from authorized individual/employer

Signature

SALESPERSON CANCELLATION NOTICE INFORMATION

The following information is provided as a guideline only. You are encouraged to review the relevant sections of the *Motor Vehicle Dealers Act, 2002* (“the Act”) and its Regulations and to consult with your lawyer if you have any questions. After reviewing this information, if you have any questions about completing this form, please call OMVIC at 416-226-4500 (Toronto) or toll-free at 1-800-943-6002.

First, Middle, Last and “Known As” Names – The first, middle and last name on this application form should match the names on the individual’s identification. The “known as” name is the name by which they are commonly known (if different from their identification).