

Motor Club Licensure Personal Questionnaire

Form DOI-5MC

INSTRUCTIONS: Fully complete all portions of this questionnaire. New applicants for motor club licensure require separate submissions by each individual owner, governing member, director and officer. Existing licensees must submit updated forms for new and/or existing owners, governing members and officers. (Make additional copies as needed)

GENERAL INFORMATION

Applicant/Company Name:	NC Permit Co. #:		
Individual's Name:			
Title/Position:			
Business Street Address of the Applicant/Licensee:	City/State/ZIP:		
Mobile Number:	Work Telephone:		
	Email Address:		

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RELATIONSHIP TO APPLICANT	

Owner (10% interest or more)	General/Limited Partner	Officer/Director
Stockholder (10% interest or more)	Governing Member	Other:

EMPLOYMENT HISTORY			
Provide employment information for the past five (5) years.			

Employment Dates:	Title:
Company Name:	Telephone:
Street Address:	City/State/ZIP:
Employment Dates:	Title:
Company Name:	Telephone:
Street Address:	City/State/ZIP:
Employment Dates:	Title:
Company Name:	Telephone:
Street Address:	City/State/ZIP:

Last Name: _____

1)

2) 3)

4)

5)

6)

BACKGROUN	ID INFORMATION)		
Provide an answer to all questions. Explanations	are required for some of the questions answered 'YES.'				
Have you read and fully understand Chapter 58, Article 69 of the operating a motor club in NC?	North Carolina General Statute pertaining to	[]]YES	[]NO
Have you ever been engaged in any type of motor club activity?]]	YES]	[]NO
Have you ever had your license (any type) revoked and/or had a a regulatory agency?	n administrative action taken against you by	[]]YES	[]NO
Have you ever had an application denied in any other state as ar motor club?	owner, governing member or officer of a	[]]YES	[]NO
Have you ever been convicted of a criminal offense and/or is the (excluding minor traffic violations) in any jurisdiction? If YES, sur		[]]YES	[]NO
Do you have a current child support obligation?		[]]YES	[]NO
(a) Are you currently in compliance with any child-support	obligation, if applicable?	[]YES	[]NO

REFERENCES

Provide contact information for three (3) individuals, not related to you, who can attest to your reputation for honesty and fair dealings.

Reference Name:				
Street Address:	City/State/ZIP:			
Work Telephone:	Mobile Number:			
Email Address:	Relationship to You:			
Reference Name:				
Street Address:	City/State/ZIP:			
Work Telephone:	Mobile Number:			
Email Address:	Relationship to You:			
Reference Name:				
Street Address:	City/State/ZIP:			
Work Telephone:	Mobile Number:			
Email Address:	Relationship to You:			

I hereby certify the undersigned has executed the foregoing personal questionnaire NC DOI-5MC. The information and statements contained in this questionnaire, including all documents attached and other information filed thereafter as a part, are correct, true, accurate, and complete.

NAME (print): _____

SIGNATURE: ______

DATE: _____

MAIL: NC/State of DOI - P.O. Box 742175 - Atlanta, GA 30374-2175 FAX: (888) 959-3010 - EMAIL: NorthCarolinaLicensingOfficeNIBE@pearson.com

