**State of Maryland**

**DO NOT WRITE IN THIS SPACE**

**OFFICE RECORD**

**SALESPERSON LIC. NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVIEWED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROCESSED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE ISSUED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Maryland Department of Labor**

**Division of Occupational and Professional Licensing**

 **Maryland Home Improvement Commission**

 **1100 N. Eutaw Street – Room 300**

 **Baltimore, Maryland 21201**

 **410-230-6231**

## CONTRACTOR AFFIDAVIT FORM FOR SALESPERSON APPLICATION

Dear Salesperson applicant:

Please have the contractor you are affiliating with to complete and sign the Certification of Employer statement below and then mail this to the address listed below:

Maryland Home Improvement Commission

1100 North Eutaw Street – Room 300

Baltimore, MD. 21201

**Certification of Employer**: (Must be signed by Contractor/Licensee only)

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MHIC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby endorse the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a license as a Home Improvement Salesperson. I certify the existence of an employment or other contractual relationship between myself and the applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**CONTRACTOR’S SIGNATURE**  **PRINT CONTRACTOR’S NAME DATE**