

**State of Maryland**  
**Maryland Department of Labor**  
**Division of Occupational and Professional Licensing**  
**Maryland Home Improvement Commission**  
**3rd Floor**  
**100 S. Charles Street, Tower 1**  
**Baltimore, MD 21201**  
**410-230-6231**

**DO NOT WRITE IN THIS SPACE  
OFFICE RECORD**

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

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

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

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

**CONTRACTOR AFFIDAVIT FORM FOR SALESPERSON APPLICATION**

Dear Salesperson applicant:

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

Maryland Home Improvement Commission  
Maryland Department of Labor  
3rd Floor  
100 S. Charles Street, Tower 1  
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**