



**State of Delaware
Salesperson Identification Card
Application**

2013

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Mail completed form to: State of Delaware, Division of Revenue, P.O. Box 8750, Wilmington, DE 19801-8750; or
Fax completed form to: 302-577-8203

Pursuant to House Bill 49 of Delaware's 146th General Assembly, any person who solicits door-to-door sales in the State of Delaware shall display a Salesperson Identification Card (ID card) at all times. **Only businesses with a current State of Delaware Business License will receive an ID Card.**

To obtain a State of Delaware Salesperson ID Card, the business entity overseeing the salesperson's door-to-door sales must complete and mail this form to the Delaware Division of Revenue (address listed above) or register online at www.revenue.delaware.gov.

Salesperson ID Cards must be worn at all times by any person in Delaware who is soliciting door-to-door sales directly to an individual at a residential home. Door-to-door sales in Delaware may only occur between the hours of 9 a.m. and 8 p.m. EST. **Any door-to-door salesperson must still comply with local and county laws. Solitation is illegal in some Delaware towns and cities.**

Failure to comply with this requirement by conducting door-to-door sales without wearing the registered Salesperson ID Card could result in criminal prosecution, as well as fines of up to \$150 for the first offense and \$250 for each subsequent offense. Anyone wearing a forged ID Card that has not been issued by the State of Delaware, or falsely obtained for deceitful or malicious intent, also faces criminal prosecution and fines of up to \$150 for the first offense and \$250 for each subsequent offense.

A door-to-door Salesperson Identification Card does **not** apply to persons working on behalf of a non-profit, conducting home sales events, public utility and cable television system operators, as well as persons soliciting sales via telephone, mail, email, internet or through door drop.

For questions, contact the Delaware Division of Revenue at (302) 577-8778 or visit www.revenue.delaware.gov.

Submitter Information

Last Name:	First Name:
Phone Number (Required) : ()	

Business Information

Taxpayer ID: <i>(Choose One)</i>	<input type="radio"/> FEIN	1 -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="radio"/> SSN	2 -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="radio"/> Temp ID	3 -	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Name:									
Business Phone Number (Required) : ()									
License Number: <input type="text"/>									
License Year: 2013									

Salesperson Information*

Last Name:	First Name:
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* Use Pages 2 and 3 to list additional names.

