ARKANSAS MOTOR VEHICLE COMMISSION
101 E. Capitol, Suite 204
Little Rock, AR 72201
Phone: (501) 682-1428
Fax: (501) 682-5573
E-Mail: vicki.wright@arkansas.gov
Website: amvc.arkansas.gov

2013 Renewal Application

Please indicate license number_____
Found in the upper left corner of current license certificate

Application will be returned if incomplete and all required documents are not received. See bottom of page 2.

The license will be mailed to the contact person at the address entered on this application.

Make sure the contact information, the mailing address, and the e-mail address is the correct information for each location.

Type of License:

____Franchised Cycle / ATV $100.00

____Specialty Cycle $100.00

Business Information:

Please Type or Print Clearly

Incorporated Name and/or Firm Name: _____

DBA Name: _____

Physical Address: _____City:_____Zip:_____County:_____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____Title:_____

Phone: ( ) _____Ext: _____ Fax: ( ) _____ Email: _____

Website: _____

Type of Ownership: (Check One) _____Individual _____Partnership _____Corporation

Give the name of each owner, partner and/or officer of the business and percentage of ownership. Use additional sheets if necessary.

Name: _____ % ___ Title: _____ **Home Address:** _____
Home/Cell Phone: _____

Name: _____ % ___ Title: _____ **Home Address:** _____
Home/Cell Phone: _____

Name: _____ % ___ Title: _____ **Home Address:** _____
Home/Cell Phone: _____

Name: _____ % ___ Title: _____ **Home Address:** _____
Home/Cell Phone: _____

Franchise Information:

List the Manufacturer(s) or Distributor(s) with whom you have a franchise or dealer agreement. **Please specify if vehicles are MC's, Scooters, ATV's, UV's or Cart's.**

Mfg/Dist Name_____Rep. Name_____

Vehicle Makes _____ _____ _____ _____

Mfg/Dist Name_____Rep. Name_____

Vehicle Makes _____ _____ _____ _____

Mfg/Dist Name_____Rep. Name_____

Vehicle Makes _____ _____ _____ _____

Mfg/Dist Name_____Rep. Name_____

Vehicle Makes _____ _____ _____ _____

Read and certify by signing below.

I hereby certify that the statements made herein or attached hereto are true and correct to the best of my knowledge and belief and that I am familiar with the provisions of the laws under which this application is made.

Date_____ _____

Authorized Signature

Typed/Printed Name of Signature **Title**

All of the following documents must be submitted to the address on the first page of this application.

1. Renewal Application.
2. Copy of most current signed Franchise/Dealer agreement. Please attach a written statement if the most current agreements are on file at the Commission office.
3. Appropriate fee.
4. Contact Information Sheet.