Arkansas Motor Vehicle Commission

2013 INITIAL APPLICATION for MOTOR VEHICLE LESSOR BRANCH LICENSE

Please type or print clearly

Incorporated Name and/or Firm Name: _____

D/B/A Name: _____

Physical Address: _____
City State Zip Code County

Mailing Address: _____
City State Zip Code

Telephone: _____Fax: _____

Contact Person: _____Direct Phone: _____Direct Email: _____

General Manager: _____Direct Phone: _____Direct Email: _____

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief, that the members of this organization are familiar with the provision of the law under with which this application is made; and that I, as proprietor, partner, or proper officer of the corporation, have authority to make the statements contained herein.

Date: _____ Signed By: _____
Authorized Signature

Signed By: _____
Typed/Printed Name of Signature Title

NOTE: Each branch location must be submitted on separate applications with required fees.

MAIL THIS APPLICATION AND FEE OF $50.00 TO:

ARKANSAS MOTOR VEHICLE COMMISSION
101 EAST CAPITOL, SUITE 204
LITTLE ROCK, ARKANSAS 72201-3826
Website: amvc.arkansas.gov E-Mail: vicki.wright@arkansas.gov