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

Type of License For:
(**ATV, Scooter, Motorcycle, Go Cart, LSV, & UTV**)

Check one

____Manufacturer / Branch $900.00

____Distributor / Branch $900.00

____Converter/2nd Stage Mfg. $900.00

Please do not send fees for multiple locations on one check.

Type of Application:

Renewal for year 2013-2014

PLEASE INDICATE LICENSE NUMBER_____

Incomplete applications will not be accepted.

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

The license will be mailed to the 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.

Business Information:
PLEASE PRINT OR TYPE

Business Name _____

Physical Address_____City_____State_____Zip_____

Mailing Address_____ City_____State_____Zip_____

Phone ( ) _____ Fax ( ) _____ Contact Person_____

E-Mail Address_____ Website_____

Make(s) of all New Motor Vehicles: Please specify if ATV, Scooter, Motorcycle, Go Cart, LSV, & UTV.

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Names and addresses of all branches, subsidiaries, affiliates or associates serving Dealers of new motor vehicles in any part of Arkansas OR serving proposed dealers of new motor vehicles in any part of Arkansas. (You may use a separate page if necessary).

_____ _____
_____ _____
_____ _____

Names of all executive or sales personnel representing the Applicant who contacts or supervises Dealers of new motor vehicles in any part of Arkansas OR proposed Dealers of new motor vehicles in any part of Arkansas. (You may use a separate page if necessary.)

_____ _____ _____
_____ _____ _____
_____ _____ _____

Note: All persons listed above must be licensed as a Representative before engaging in such activity. There is no probationary or grace period.

Has the corporation structure changed in the past twelve (12) months? **Yes** ____ **No**____.

If yes, please provide the Commission with the name of each owner, partner, and/or officers of the business and percentage of ownership along with the home phone numbers and addresses.

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.

_____ _____
Signature of Authorized Official **Title of Authorized Official**

_____ _____ _____
Printed Name of Authorized Official **Printed Title of Authorized Official**

Date_____

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

1. Renewal Application
2. Appropriate Fee.
3. Current Blank Franchise Agreement or Dealer Sales & Service Agreement.
4. Lists of All Arkansas Dealers.
5. Manufacturer/Distributor Contact Information Sheet.