Print Form

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

Type of Application

☐ **Initial Dealership Salesperson** **$ 15.00**

Application instructions for licensure General Managers, Sales Managers, Sales Personnel, Financiers.

1. Complete **entire** application.
2. Application must be submitted within 30 calendar days of employment. (As G.M., Sales, Financier or Rep)
3. Please provide a legible copy of current drivers license or picture I.D. (Will copy clearer if enlarged)
4. Mail this application and the appropriate fee to the above address.
5. The original license certificate should be retained by the employee.

If application and drivers license are illegible, they will be returned for legible copies.

ALL EMPLOYEE LICENSES WILL EXPIRE ON DECEMBER 31, 2010 REGARDLESS OF DATE OBTAINED.

AMVC License Number_____ (can be found in upper left corner of license certificate).

Name: First_____MI_____Last_____

Date of Birth: _____/_____/_____ Social Security #:_____-_____-_____

Drivers License#:_____ Expiration Date: _____ State Issued: _____

Home Address: _____ Apt. #:_____P.O. Box: _____P.O. Box Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____Msg. Phone: (____) _____ E-Mail: _____

Name of Employer: _____

Street Address: _____**Employer License #:** _____

City: _____State:_____Zip:_____Phone: (____) _____

Please answer the following questions: Application will be returned if unanswered.

(1) Have you ever been refused a motor vehicle commission *sales* license in any State or had such license revoked or suspended? Yes ☐ No ☐
(2) Have you ever knowingly violated any law relating to the sale, distribution or financing of a motor vehicle? Yes ☐ No ☐
(3) Have you ever been convicted of odometer tampering? Yes ☐ No ☐
(4) When did you begin work with present employer as a Manager, Sales Personnel or Financier? _____/_____/_____

Applicant Signature_____Date_____
Application will be returned for signature.

The foregoing answers by the above applicant have been read by me and are believed to be true to the best of my knowledge and belief. The applicant is recommended as trustworthy and a person who will abide by the provisions of the law and the rules governing the sale and distribution of new motor vehicles in Arkansas.

Authorized Signature of Employer_____Date_____
Application will be returned for signature.