

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**

2015 Initial Dealership Salesperson

\$15.00

**The following employees must obtain a sales license:
General Managers, Sales Managers,
Sales Personnel and Financiers.**

Please type or print clearly. Incomplete or illegible applications will be returned.

- 1. Application must be submitted within 30 calendar days of employment.**
2. Incomplete Applications will be returned.
3. Provide a legible copy of current drivers license or picture I.D. (Please enlarge to assure legible copy)
4. Mail this application and the appropriate fee to the above address.
5. The original license certificate should be retained by the employee.

ALL EMPLOYEE LICENSES WILL EXPIRE ON DECEMBER 31, 2015 REGARDLESS OF DATE OBTAINED.

AMVC License Number: _____ (This number will be assigned by AMVC)

Name: First: _____ MI: _____ Last: _____

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

Driver's License #: _____ State Issued: _____ Expiration Date: _____ / _____ / _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

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

Home Address: _____ City: _____ State: _____ Zip: _____

Employer License #: _____

DBA Name of Employer: _____

Sales Applications Contact Person: _____ Title: _____

Phone: (____) _____ Ext: _____ Fax: (____) _____ Email: _____

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

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

- (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 salesperson? _____ / _____ / _____

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.