

# Arkansas Motor Vehicle Commission

## 2015 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 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](http://amvc.arkansas.gov) E-Mail: [vicki.wright@arkansas.gov](mailto:vicki.wright@arkansas.gov)**