

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**

**2014-2015 Initial Manufacturer / Distributor
Representative Application:**

\$400.00

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

1. **Application must be submitted within 30 calendar days of employment.**
2. Mail this application and the appropriate fee to the above address.
3. The original license certificate should be retained by the employee.

ALL REPRESENTATIVE LICENSES WILL EXPIRE ON JUNE 30, 2015, REGARDLESS OF DATE OBTAINED.

AMVC License Number _____ (Will be assigned by Commission.)

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: _____

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 license 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) Please provide date, you began servicing dealers in Arkansas. **NOT YOUR HIRE DATE** ____/____/____

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.