

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

<p><b><u>Type of License:</u></b></p> <p>check one</p> <p>___ Manufacturer / Branch      \$900.00</p> <p>___ Distributor / Branch      \$900.00</p> <p>___ Converter      \$900.00</p> <p>___ 2<sup>nd</sup> Stage Manufacturer      \$900.00</p>	<p><b><u>Type of Application:</u></b></p> <p><b>INITIAL FOR YEAR    2014 - 2015</b></p> <hr/> <p><b><u>Type of Application:</u></b></p> <p><b>INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.</b></p> <p><b>Application will be returned if all required documents are not received. See bottom of page 2.</b></p> <p><b>The license will be mailed to the person at the address entered on this application.</b></p> <p><b>Make sure the contact information, the mailing address and the e-mail address is the correct information for each location.</b></p>
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**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, Utility Vehicle, Bus, RV, Commercial Truck, LSV, Automobile or Truck.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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.

(Use separate page if necessary).

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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.

(Use separate page if necessary.)

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

**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.

Date \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_

\_\_\_\_\_  
Typed name and title of above signature

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

1. Application.
2. Initial Affidavit.
3. Appropriate fee.
4. Current Blank Franchise Agreement or Dealer Sales & Service Agreement.
5. Current Dealer Preparation (or Dealer Prep. Check Sheet).
6. Current Dealer Delivery (or Dealer Delivery Check Sheet).
7. Current Warranty Compensation Payment Schedule. If all makes/models have different warranty, submit each one.
8. Time Guide and Labor Rate for each Arkansas Dealer.
9. Current Product Brochures and spec sheets.
10. Sales Representative application(s).
11. Lists of all Arkansas Dealers
12. \*\*\* **If you are a distributor, please submit a copy of the agreement between you and manufacturer.** \*\*\*
13. \*\*\* **If you are a distributor branch, submit a copy of the agreement between you and the distributor.** \*\*\*
14. Examples of a completed MCO for each type of vehicles: scooters, atv's, uv's, go carts, pocket bikes, auto, trucks, etc.

***Each form can be found on our website at: [amvc.arkansas.gov](http://amvc.arkansas.gov)***

**Give the name of each owner, partner and/or officer of the business and percentage of ownership. Please include home addresses and home phone numbers.**

\_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_