

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

**2014-2015 Manufacturer / Distributor  
Representative Renewal:**

**\$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** \_\_\_\_\_ (Can be found in upper left corner of current license certificate and it is not your driver's license #)

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: \_\_\_\_\_

What date did you begin servicing dealers in the State of Arkansas? **NOT YOUR HIRE DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer License #:** \_\_\_\_\_

DBA Name of Employer: \_\_\_\_\_

Representative Applications Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.**