



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. (You may use a separate page if necessary).

_____	_____
_____	_____
_____	_____

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. (You may use a separate page if necessary.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Has the corporation structure changed in the past twelve (12) months? **Yes** \_\_\_\_ **No** \_\_\_\_.

If yes, please provide the Commission with the name of each owner, partner, and/or officers of the business and percentage of ownership along with the home phone numbers and addresses.

**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.

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

\_\_\_\_\_  
**Title of Authorized Official**

\_\_\_\_\_  
**Printed Name of Authorized Official**

\_\_\_\_\_  
**Printed Title of Authorized Official**

**Date** \_\_\_\_\_

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

1. Renewal Application
2. Appropriate Fee.
3. Current Blank Franchise Agreement or Dealer Sales & Service Agreement.
4. Lists of All Arkansas Dealers.
5. Manufacturer/Distributor Contact Information Sheet.