

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**

**2015-2016 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, 2014, 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.