

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

2016 Initial Dealership Salesperson:
\$15.00

The following employees must obtain a sales license:
General Managers, Sales Managers,
Sales Personnel and Financiers

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

- 1. Application must be submitted within 30 calendar days of employment.**
2. Incomplete Applications will be returned.
3. Provide a legible copy of current drivers license or picture I.D. (Please enlarge to assure legible copy)
4. Mail this application and the appropriate fee to the above address.
5. The original license certificate should be retained by the employee.

ALL EMPLOYEE LICENSES WILL EXPIRE ON DECEMBER 31, 2016 REGARDLESS OF DATE OBTAINED.

License Number: _____ (Provided by AMVC Upon Issuance of 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: _____

Employer/Dealer License #: _____
DBA Name of Employer: _____
Sales Applications Contact Person: _____ Title: _____
Phone: (____) _____ Ext: _____ Fax: (____) _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Please answer the following questions: Application will be returned if incomplete.

(1) Have you ever been refused a motor vehicle commission sales license in any State or had such license revoked or suspended? If yes, please attach a statement explaining the facts. Yes _____ No _____

(2) Have you ever been convicted of a felony? Yes _____ No _____

If yes, attach a statement explaining the facts that led to the conviction and a copy of the final judgment.

Additional documentation may be required upon request. If you answered yes, the dealer is required to sign as acknowledgment of this disclosure:

Dealer Signature: _____

Date: _____

Printed Name: _____

(3) Have you ever knowingly violated any law relating to the sale, distribution or financing of a motor vehicle? If yes, please attach a statement explaining the facts. Yes _____ No _____

(4) Have you ever been convicted of odometer tampering? Yes _____ No _____

If yes, please attach a statement explaining the facts.

(5) When did you begin work with present employer as a salesperson? _____/_____/_____

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 _____

Printed Name _____

Application will be returned for signature.