

ARKANSAS MOTOR VEHICLE COMMISSION

101 E. Capitol, Suite 212

Little Rock, AR 72201

Phone: (501) 682-1428

Fax: (501) 682-5573

E-Mail: amvc@arkansas.govWebsite: www.amvc.arkansas.gov**Type of Application: (Check One)**

___ Initial Dealership Salesperson \$ 15.00

___ Initial Mfg/Dist Representative \$400.00

Application instructions for licensure of the following:

General Managers, Sales Managers, Sales Personnel, Financiers and Manufacturer/Distributor Representatives.

1. Complete **entire** application.
2. Application must be submitted within 30 calendar days of employment. (As G.M., Sales, Financier or Rep)
3. Please provide a legible copy of current drivers license or picture I.D. (Will copy clearer if enlarged)
4. Mail this application and the appropriate fee to the above address.
5. The original license certificate should be retained by the employee.

If application and drivers license are illegible, they will be returned for legible copies.***ALL EMPLOYEE LICENSES WILL EXPIRE ON JUNE 30, 2009, REGARDLESS OF DATE OBTAINED.***

AMVC License Number _____ (can be found in upper left corner of license certificate).

Name: First _____ MI _____ Last _____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Drivers License#: _____ Expiration Date: _____ State Issued: _____

Home Address: _____ Apt. #: _____ P.O. Box: _____ P.O. Box Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Msg. Phone: (____) _____ E-Mail: _____

Name of Employer: _____

Street Address: _____ Employer License #: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

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

- (1) Have you ever been refused a motor vehicle commission license or had such license revoked or suspended? Yes ___ No ___
- (2) Have you ever knowingly violated any law relating to the sale, distribution or financing of a motor vehicle? Yes ___ No ___
- (3) Have you ever been convicted of odometer tampering? Yes ___ No ___
- (4) When did you begin work with present employer as a Manager, Sales Personnel or Financier? ____/____/____

If Mfg. / Dist. Representative please provide date, you began servicing dealers in Arkansas. ____/____/____

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 _____

Application will be returned for signature.