

**ARKANSAS MOTOR VEHICLE COMMISSION**

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Little Rock, AR 72201

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Website: [amvc.arkansas.gov](http://amvc.arkansas.gov)

**2015 Renewal Application**

**Please indicate license number** \_\_\_\_\_

Found in the upper left corner of current license certificate.

**Application will be returned if all required documents are not received. See bottom of page 2.**

**The license will be mailed to the contact person at the address entered on this application.**

**Make sure the contact information, the mailing address, and the e-mail address is the correct information for each location.**

**Type of License:**

\_\_\_ Franchised Auto/Truck \$100.00

\_\_\_ Franchised RV/ CT/ Bus \$100.00

\_\_\_ Specialty Vehicle Auto \$100.00

**Business Information:**

*Please type or print clearly*

Incorporated Name and/or Firm Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

Website: \_\_\_\_\_

Give the name of each owner, partner and/or officer of the business and percentage of ownership. Attach additional sheets if necessary.

Name: \_\_\_\_\_ % \_\_\_\_\_ Title: \_\_\_\_\_ **Home Address:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_

Name: \_\_\_\_\_ % \_\_\_\_\_ Title: \_\_\_\_\_ **Home Address:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_

Name: \_\_\_\_\_ % \_\_\_\_\_ Title: \_\_\_\_\_ **Home Address:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_

Name: \_\_\_\_\_ % \_\_\_\_\_ Title: \_\_\_\_\_ **Home Address:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_

**Franchise Information:**

**List the Manufacturer(s) or Distributor(s) with whom you have a franchise or dealer agreement. Please specify if vehicles are Buses, RV's or Commercial Truck's. Attach additional sheets if necessary.**

Mfg/Dist Name \_\_\_\_\_ Rep. Name \_\_\_\_\_

Vehicle Makes \_\_\_\_\_

Mfg/Dist Name \_\_\_\_\_ Rep. Name \_\_\_\_\_

Vehicle Makes \_\_\_\_\_

Mfg/Dist Name \_\_\_\_\_ Rep. Name \_\_\_\_\_

Vehicle Makes \_\_\_\_\_

Mfg/Dist Name \_\_\_\_\_ Rep. Name \_\_\_\_\_

Vehicle Makes \_\_\_\_\_

**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.

Date \_\_\_\_\_

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Typed/Printed Name of Signature

\_\_\_\_\_

Title

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

1. Renewal Application.
2. Appropriate fee.
3. Contact Information Sheet.