

ARKANSAS MOTOR VEHICLE COMMISSION

900 West Capitol, Suite 400

Little Rock, AR 72201

Phone: (501) 682-1428

E-Mail: robert.galloway@arkansas.gov

Website: amvc.arkansas.gov

Renewal Used Branch Location

Please indicate license number _____

Found in the upper left corner of current license certificate

Application will be returned if incomplete and 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.

Used Branch Location Renewal \$25.00

Business Information:

Please type applications

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: _____

Type of Ownership: (Check One) _____ Individual _____ Partnership _____ Corporation

Give the name of each owner, partner and/or officer of the business and percentage of ownership. Please include home addresses and home phone numbers. 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: _____

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.

Arkansas Motor Vehicle Commission
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Little Rock, AR 72201
(501) 682-1428 (phone) Website: www.amvc.arkansas.gov
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DEALERSHIP CONTACT INFORMATION SHEET

The Commission may need to contact your dealership regarding the following matters.
List the appropriate contact information.

Please notify the Commission if the contact information changes in between renewals.

Dealership Renewal Contact Name:

Phone #:

E-Mail Address:

General Manager Contact Name:

Phone#:

E-Mail Address:

Sales Personnel Initial/Renewal Contact Name:

Phone #:

E-Mail Address:

Advertising Contact Name:

Phone#:

E-Mail Address:

Mfg./Dist. Programs Contact Name:

Phone#:

E-Mail Address:

Consumer Complaint Contact Name:

Phone#:

E-Mail Address: