Print Form

ARKANSAS MOTOR VEHICLE COMMISSION
101 E. Capitol, Suite 204
Little Rock, AR 72201
Phone: (501) 682-1428
Fax: (501) 682-5573
Website: amvc.arkansas.gov
E-Mail: amvc@arkansas.gov

Type of License:		**Type of Application:**
		INITIAL FOR YEAR 2010
☐ ____Manufacturer / Branch	$900.00	****NOTICE**** **Application will be returned if all required documents are not received. See bottom of page 2.** **The license will be mailed to the person at the address entered on this application.** **Make sure the contact information and the mailing address is the correct information for each location.**
☐ ____Distributor / Branch	$900.00	
☐ ____Converter	$900.00	
☐ ____2nd Stage Manufacturer	$900.00	

Business Information: PLEASE PRINT OR TYPE

Business Name _____

Physical Address_____City_____State_____Zip_____

Mailing Address_____ City_____State_____Zip_____

Phone ( )_____ Fax ( )_____ Contact Person_____

E-Mail Address_____ Website_____

Make(s) of all New Motor Vehicles: **Please specify, if ATV, Scooter, Motorcycle, Go Cart, Utility Vehicle, Bus, RV, Commercial Truck, Automobile, or Truck.**

_____ _____
_____ _____
_____ _____
_____ _____

Names and addresses of all branches, subsidiaries, affiliates or associates serving Dealers of new motor vehicles in any part of Arkansas OR serving proposed Dealers of new motor vehicles in any part of Arkansas.
(Use separate page if necessary).

_____ _____

_____ _____

_____ _____

Names of all executive or sales personnel representing the Applicant who contacts or supervises Dealers of new motor vehicles in any part of Arkansas OR proposed Dealers of new motor vehicles in any part of Arkansas.
(Use separate page if necessary.)

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Note: All persons listed above must be licensed as a Representative before engaging in such activity. There is no probationary or grace period.

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_____ Signature of Authorized Official_____

_____
Typed name and title of above signature

All of the following documents must be submitted to the address on the first page of application.

1. Application.
2. Initial Affidavit.
3. Appropriate fee.
4. Current Blank Franchise Agreement or Dealer Sales & Service Agreement.
5. Current Dealer Preparation (or Dealer Prep. Check Sheet).
6. Current Dealer Delivery (or Dealer Delivery Check Sheet).
7. Current Warranty Compensation Payment Schedule. If all makes/models have different warranty, submit each one.
8. Time Guide and Labor Rate for each Arkansas Dealer.
9. Current Product Brochures and spec sheets.
10. Sales Representative application(s).
11. Lists of all Arkansas Dealers
12. *** **If you are a distributor, please submit a copy of the agreement between you and manufacturer**. ***
13. *** **If you are a distributor branch, submit a copy of the agreement between you and the distributor**. ***
14. Examples of a completed MCO for each type of vehicles: scooters, atv's, uv's, go carts, pocket bikes, auto, trucks, etc.

Each form can be found on our website at: amvc.arkansas.gov

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.

Name:_____ Title:_____%_____
Home Address:_____ Home Phone:_____

Name:_____ Title:_____%_____
Home Address:_____ Home Phone:_____

Name:_____ Title:_____%_____
Home Address: _____ Home Phone: _____

Name: _____ Title: _____%_____
Home Address: _____ Home Phone: _____

Name: _____ Title: _____%_____
Home Address: _____ Home Phone: _____

Name: _____ Title: _____%_____
Home Address: _____ Home Phone: _____