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

2013 Employee Transfer / License Reprint / License Replacement

____Employee Transfer – No Charge (Employees changing dealerships - No certificate will be printed)

____ Reprint Certificate – No Charge (For errors incurred by the Commission)

____ Replacement Certificate - $10.00 (To replace a lost or destroyed license certificate).

Please type or print clearly.

AMVC License Number_____ or Social Security Number _____/_____/_____

Employee Name: _____

Physical Address: _____ City: _____State: ____Zip: _____

Mailing Address: _____ City: _____State: ____Zip: _____

Home Phone: ( ) _____Message Phone: ( ) _____

Employer License #_____

DBA Name of Employer: _____

Street Address: _____

City: _____State:_____Zip:_____Phone: (____) _____