

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.govWebsite: amvc.arkansas.gov**2015 Dealer Salesperson Renewal:**

\$15.00

The following employees must obtain a AMVC license:

General Managers, Sales Managers,
Sales Personnel and Financiers.*Please type or print clearly. Incomplete or illegible applications will be returned.*

1. **Application must be submitted within 30 calendar days of employment.**
2. Mail this application and the appropriate fee to the above address.
3. The original license certificate should be retained by the employee.

ALL EMPLOYEE LICENSES WILL EXPIRE ON DECEMBER 31, 2015 REGARDLESS OF DATE OBTAINED.**AMVC License Number** _____ (Can be found in upper left corner of current license certificate and it is not your driver's license #)

Name: First _____ MI _____ Last _____

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

Driver's License#: _____ State Issued: _____ Expiration Date: ____/____/____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

When did you begin work with present employer as a Manager, Sales Personnel or Financier? ____/____/____

Employer License #: _____

DBA Name of Employer: _____

Sales Applications Contact Person: _____ Title: _____

Phone: (____) _____ Ext: _____ Fax: (____) _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

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.