

Arkansas Motor Vehicle Commission

2015 RENEWAL APPLICATION for MOTOR VEHICLE LESSOR & BRANCH LICENSE

TO BE FILED BEFORE DECEMBER 31, 2014 LESSOR FEE: \$100.00 – BRANCH FEE: \$50.00

Please type or print clearly

AMVC LICENSE NUMBER: L or LB _____ (Located on upper left corner of current license certificate)

Incorporated Name and/or Firm Name: _____

D/B/A Name: _____

Physical Address: _____
City State Zip code County

Mailing Address: _____
City State Zip code

Telephone: _____ Fax: _____

Contact Person: _____ Direct Phone: _____ Email: _____

General Manager: _____ Direct Phone: _____ Email: _____

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief, that the members of this organization are familiar with the provision of the law under which this application is made; and that I, as proprietor, partner, or proper officer of the corporation, have authority to make the statements contained herein.

Date: _____ Signed By: _____
Authorized Signature

Signed By: _____
Typed/Printed Name of Signature Title

**To renew branch locations attach a list that includes,
branch name, branch AMVC license number and physical location.**

Mail this application and branch list of locations (if applicable) and appropriate fees to:

**ARKANSAS MOTOR VEHICLE COMMISSION
101 EAST CAPITOL, SUITE 204
LITTLE ROCK, ARKANSAS 72201-3826
Website: amvc.arkansas.gov E-Mail: vicki.wright@arkansas.gov**