Arkansas Motor Vehicle Commission

MFG/ DIST Renewal

101 E. Capitol, Suite 204, Little Rock, AR 72201
Phone: **(501) 682-1428** ***Fax:*** **(501) 682-5573**
E-Mail: **vicki.wright@arkansas.gov or crystal.campbell@arkansas.gov**
Website: **amvc.arkansas.gov**

July 1, 2016 – June 30, 2017
Please select the type of license:

Manufacturer____ Manufacturer Branch____ Distributor____ Distributor Branch____ 2nd Stage____

Renewal License Fee: $900.00

Applications must be completed online and submitted with applicable documents and proper fee.

License Number: _____

Business Name: _____

DBA Name: _____

Physical Address: _____ City: _____State: _____Zip _____

Mailing Address: _____City: _____State: _____Zip _____

Phone: _____ ext: _____ Fax: _____ Contact Person: _____

Email Address: _____Website: _____

Has the corporation structure changed in the past twelve (12) months? Yes____ No____

** If yes, please provide the Commission with the name of each owner, partner and/or officer of the business, along with the percentage of ownership, phone number and address.*

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

_____ _____
_____ _____
_____ _____
_____ _____

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.

_____ _____
Signature of Authorized Official **Date**

_____ _____
Printed Name of Authorized Official **Title of Authorized Official**

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

1. Renewal Application
2. Appropriate Fee
3. Current Blank Franchise or Dealer Sales and Service Agreement
4. List of All Arkansas Dealers That Includes Addresses
5. Manufacturer/Distributor Contact Information Sheet

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MANUFACTURER/DISTRIBUTOR CONTACT INFORMATION SHEET

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

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

Mfg./Dist. Renewal Contact Name:	
Phone #:	E-Mail Address:

Representative Personnel Initial/Renewal Contact Name:	
Phone #:	E-Mail Address:

Advertising Contact Name:	
Phone#:	E-Mail Address:

Dealership Programs Contact Name:	
Phone#:	E-Mail Address:

Dealership Termination Contact Name:	
Phone#:	E-Mail Address: