

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 or crystal.campbell@arkansas.gov

Website: amvc.arkansas.gov

Initial Representative

July 1, 2016 – June 30, 2017

Initial Manufacturer/Distributor Representative Application

Initial License Fee: \$400.00

ALL REPRESENTATIVE LICENSES WILL EXPIRE ON JUNE 30, 2017 REGARDLESS OF DATE OBTAINED.

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

1. Application must be submitted within 30 calendar days of employment.
2. Provide a legible copy of current driver's license or picture I.D. (Please enlarge to assure legible copy)
3. Mail this application and the appropriate fee to the above address.
4. The original license certificate should be retained by the employee.

License Number: _____ (Provided by AMVC)

First Name: _____ MI: _____ Last Name: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____ Exp. Date: _____

Home Phone: _____ Cell: _____ Work: _____

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

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

Employer Information:

Name of Employer: _____ Employer License #: _____

Contact Person: _____ Title: _____

Phone: _____ Ext: _____ Fax: _____ Email: _____

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

Please answer the following questions. *Application will be returned if incomplete.*

(1) Have you ever been refused a motor vehicle commission representative or sales license in any state or had such license revoked or suspended? Yes _____ No _____

**If yes, please attach a statement explaining the facts.*

(2) Have you ever been convicted of a felony? Yes _____ No _____

**If yes, attach a statement explaining the facts that led to the conviction and a copy of the final judgment. Additional documentation may be required upon request.*

**If you answered yes, a company officer is required to sign as acknowledgment of this disclosure:*

Officer Signature

Date

Printed Name

Title

(3) Have you ever knowingly violated any law relating to the sale, distribution or financing of a motor vehicle? Yes _____ No _____

**If yes, please attach a statement explaining the facts.*

(4) Have you ever been convicted of odometer tampering? Yes _____ No _____

**If yes, please attach a statement explaining the facts.*

(5) When did you begin servicing AR dealers with present employer?

Not your hire date.

Applicant Signature

Date

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

Printed Name

Title

Application will be returned for signatures.