# Arkansas Motor Vehicle Commission

**101 E. Capitol, Suite 204, Little Rock, AR 72201**
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Transfer/Reprint/Replacement Form

**July 1, 2016 – June 30, 2017**
**Employee Transfer / License Reprint / License Replacement**

_____ **Employee Transfer** – No Charge *(Change of employer - 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)*

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

**AMVC License Number:** _____

***(Found in upper left corner of current license certificate and this is not your driver's license #)***

First Name: _____ MI: _____ Last Name: _____

Social Security #: _____ Date of Birth: _____ Driver's License #: _____

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: _____