Arkansas Motor Vehicle Commission

Representative 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
Manufacturer/Distributor Representative Renewal Application

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.

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 #: _____ State Issued: _____ Exp. Date: _____

Home Phone: _____ Cell: _____ Work: _____

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

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

When did you begin servicing AR dealers with present employer? _____
Not your hire date.

Employer Information:

Name of Employer: _____ Employer License #: _____

Contact Person: _____ Title: _____

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

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

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