

# Arkansas Motor Vehicle Commission

900 West Capitol, Suite 400, Little Rock, AR 72201

Phone: (501) 682-1428 E-Mail: [robert.galloway@arkansas.gov](mailto:robert.galloway@arkansas.gov)

Website: [amvc.arkansas.gov](http://amvc.arkansas.gov)

Initial MFG/ DIST
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## Manufacturer/ Distributor

*Please select the type of initial license:*

Manufacturer \_\_\_\_\_ Manufacturer Branch \_\_\_\_\_ Distributor \_\_\_\_\_ Distributor Branch \_\_\_\_\_ 2<sup>nd</sup> Stage \_\_\_\_\_

*Initial License Fee: \$900.00*

**Any distributor location that sells or distributes new motor vehicles to Arkansas dealers and any manufacturer that sells, distributes or uses a distributor to sell and deliver new motor vehicles to Arkansas dealers must first obtain a license to do business with Arkansas dealers.**

**All sales personnel representing the Applicant who contacts new motor vehicle dealers regarding sales of new motor vehicles in any part of Arkansas OR proposed Dealers of new motor vehicles in any part of Arkansas must be licensed as a Representative before engaging in such activity. There is no probationary or grace period.**

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

1. Application will be returned if all required documents are not received. *See bottom of page 2.*
2. The license will be mailed to the listed contact person and address entered on this application.
3. Make sure *ALL* contact information, is the correct information for *each* location.

### **Business Information:** ***PLEASE PRINT OR TYPE***

Incorporated Name and/or Firm Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

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.**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Read and certify by signing below.**

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. Application.
2. Appropriate fee.
3. Initial Affidavit.
4. *Current* Blank Franchise Agreement or Dealer Sales & Service Agreement.
5. *Current* Dealer Preparation (or Dealer Prep. Check Sheet).
6. *Current* Dealer Delivery (or Dealer Delivery Check Sheet).
7. *Current* Warranty Compensation Payment Schedule. *Submit warranty for each make/model.*
8. *Current* Product Brochures and spec sheets.
9. List of all Arkansas Dealers.
10. Time Guide and Labor Rate for each Arkansas Dealer.
11. Sales Representative application(s).
12. \*\*\* **Distributors: please submit a copy of the agreement between you and manufacturer.** \*\*\*
13. \*\*\* **Distributor branch: submit a copy of the agreement between you and the distributor.** \*\*\*
14. Examples of a completed MCO for each type of vehicle: atv's, auto, go-carts, pocket bikes, scooters, uv's, etc.

*Each form can be found on our website at: [amvc.arkansas.gov](http://amvc.arkansas.gov)*

# Arkansas Motor Vehicle Commission

## Initial Affidavit

I, \_\_\_\_\_, of  
Name of Principal Owner or Agent of Record on file.

\_\_\_\_\_  
Name of Firm, Business or Corporation

do hereby swear or affirm that, in consideration for being licensed as a New Motor Vehicle Dealer, Motor Vehicle Lessor, Manufacturer, Distributor, Manufacturer or Distributor Branch/Division, Second Stage Manufacturer, or Converter in the State of Arkansas, I have received, or been directed to, a copy of the current Arkansas Motor Vehicle Commission ACT and AMVC Rules and will comply with the provisions and any amendments set forth therein to the best of my ability; specifically Subchapter 3 – Licensing and Rules, and Subchapter 4 – Unlawful Practices.

I also understand that any activity on my behalf which is found to be in violation of the Commission ACT and/or Rules as amended, after a hearing before the Commission, could result in the imposition of civil penalties, suspension and/or revocation of my license to do business as a new Motor Vehicle Dealer, Motor Vehicle Lessor, Manufacturer, Distributor, Manufacturer or Distributor Branch/Division, Second Stage Manufacturer, or Converter in the State of Arkansas.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Principal / Agent

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), before me, the undersigned, personally appeared to be the person described in the forgoing instrument and acknowledge that he/she executed the same in the capacity therein stated and for the purposes therein contained and set forth.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

SEAL

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
My Commission Expires

**ARKANSAS MOTOR VEHICLE COMMISSION**  
**900 WEST CAPITOL, SUITE 400**  
**LITTLE ROCK, ARKANSAS 72201-3826**  
**Visit our web site: [amvc.arkansas.gov](http://amvc.arkansas.gov)**  
**E-mail: [robert.galloway@arkansas.gov](mailto:robert.galloway@arkansas.gov)**

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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: