

# Arkansas Motor Vehicle Commission

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

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

Initial Representative

## Initial Manufacturer/Distributor Representative Application

**Initial License Fee: \$400.00**

ALL REPRESENTATIVE LICENSES WILL EXPIRE ON JUNE 30<sup>th</sup> REGARDLESS OF DATE OBTAINED.

Applications **must** be typed 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.*