

Arkansas Motor Vehicle Commission

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

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

Website: amvc.arkansas.gov

MFG/ DIST Renewal

Please select the type of license:

Manufacturer____ Manufacturer Branch____ Distributor____ Distributor Branch____ 2nd Stage____

Renewal License Fee: \$900.00

Applications must be typed and submitted with applicable documents and proper fees. Incomplete applications will be returned.

License Number: _____

Business Name: _____

DBA Name: _____

Physical Address: _____ City: _____ State: _____ Zip _____

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

Phone: _____ ext: _____ Fax: _____ Contact Person: _____

Email Address: _____ Website: _____

Has the corporation structure changed in the past twelve (12) months? Yes____ No____

** If yes, please provide the Commission with the name of each owner, partner and/or officer of the business, along with the percentage of ownership, phone number and address.*

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. Attach separate sheet for additional products.**

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. Renewal Application
2. Appropriate Fee
3. Current Blank Franchise or Dealer Sales and Service Agreement
4. List of All Arkansas Dealers That Includes Addresses
5. Manufacturer/Distributor Contact Information Sheet

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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: