

# 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)

Representative Renewal

## Manufacturer/Distributor Representative Renewal Application

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. Incomplete applications will be returned.**

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 Arkansas dealers with present employer? \_\_\_\_\_

### ***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*