

# 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)

Dealer Renewal Application

*Please select the type of license:*

Auto \_\_\_ RV \_\_\_ Cycle/ ATV \_\_\_ Commercial Trucks \_\_\_ Specialty Vehicle \_\_\_

**Dealer Renewal License Fee: \$100.00**

**Applications must be typed and submitted with applicable documents and proper fee. 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 attach an additional sheet 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, 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

**Submit Renewal Packet along with proper fee to the address on the first page of application.**

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## DEALERSHIP CONTACT INFORMATION SHEET

The Commission may need to contact your dealership regarding the following matters.  
List the appropriate contact information.

Please notify the Commission if the contact information changes in between renewals.

**Dealership Renewal Contact Name:**

Phone #:

E-Mail Address:

**General Manager Contact Name:**

Phone#:

E-Mail Address:

**Sales Personnel Initial/Renewal Contact Name:**

Phone #:

E-Mail Address:

**Advertising Contact Name:**

Phone#:

E-Mail Address:

**Mfg./Dist. Programs Contact Name:**

Phone#:

E-Mail Address:

**Consumer Complaint Contact Name:**

Phone#:

E-Mail Address: