

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

Transfer/Reprint/Replacement Form

Please Select Type of Request

_____ **Employee Transfer** – No Charge (*Change of employer - No certificate will be printed*)

_____ **Reprint Certificate** – No Charge (*For errors incurred by the Commission*)

_____ **Replacement Certificate** - \$10.00 (*To replace a lost or destroyed license certificate*)

Form 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 #: _____

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: _____