



**ARKANSAS STATE POLICE
USED MOTOR VEHICLE DEALER
Change of Address Form**



NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

23-112-603(d)(2)-When a used motor vehicle dealer changes or moves his or her licensed location, within fifteen (15) calendar days of the relocation, the used motor vehicle dealer shall notify the department in writing of the dealership name, the previous location and the new location. (3)(A) If the department determines that the used motor vehicle dealer's business location has moved and notification to the department has not been properly made, the department shall levy a fine equal to the amount of the license fee.

Company Name Company Location

Original/Current Company Name: _____

Current Owner Name _____

****Please attach current photos of the new location to this form.**

****Current copies of the Corporate Surety Bond and Garage Liability must be provided with this form**

****Printout of an Online / Internet telephone listing must be provided with this form**

(See Page Two for further details)

Will company be re-named? Yes No If yes, New Company name: _____

New Location Address: _____

City County State Zip Code

New Mailing Address: _____

City County State Zip Code

Old Location Address: _____

City County State Zip Code

Old Mailing Address: _____

City County State Zip Code

Date Moved: _____ Master Tag Number: _____

Business Phone Number: _____ Home Phone Number: _____

Cell Phone Number: _____ Fax Number: _____

Email Address: _____

**ANY CHANGE OF OWNERSHIP SHOULD BE PROVIDED ON THE ARKANSAS STATE POLICE
USED MOTOR VEHICLE ADDITIONAL EMPLOYEE FORM**

OATH AND AFFIRMATION

Under penalty of A.C.A. § 5-53-103, I the undersigned hereby affirm that all information contained on this application is true and correct. I understand that knowingly giving a false statement or submitting a false document will subject me to criminal prosecution, and preclude any use of any Used Motor Vehicle License previously issued by the department.

I affirm that I have reviewed the Used Motor Vehicle Dealership Application accompanying this affidavit and that all responses given in this application, along with all additional information provided is accurate and not false or misleading in any respect.

I hereby authorize the release of any and all information relating to the automobile liability insurance that is maintained on behalf of my dealership as listed on this application. This information is to be released to the Arkansas State Police or any of their designated representatives and shall include the amount of liability I maintain as coverage.

Print Name of Applicant: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

Signature of Applicant: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

Before submitting to ASP/UMVD, check and make sure you have provided and attached the following documents to this Change of Address Form:

- ⇒ A **picture** of the new physical **Business Location** address. The picture must show the outside of the building and not the inside.
- ⇒ A **picture** of the **Required Sign**. The sign must display the dealership's name and must be legible from the nearest street or road..
- ⇒ An updated **Surety Bond**, showing any name change of the dealership and the required physical business location address. A **Power of Attorney** provided by your Bond/Insurance Company must be attached with the required Surety Bond.
- ⇒ An updated **Garage Liability Insurance** (Certificate of Insurance, Certificate of Garage Insurance or Garage Insurance form), showing any name change of the dealership and the required physical Business Location address.
- ⇒ You must create and show proof of an updated **Online / Internet Business Telephone Number listing** that must show any name changes of the dealership, the required physical Business Location address, and the Business Telephone Number you have listed on this form. As proof, you will provide a printout of this listing.