



ARKANSAS STATE POLICE USED MOTOR VEHICLE DEALER LICENSE APPLICATION FORM



Information Section

Any person who, for a commission or with the intent to make a profit or gain of money, sells or attempts to sell five (5) or more used motor vehicles registered in that person's name in any one calendar year shall be assumed a "Used Motor Vehicle Dealer". It shall be unlawful for any person to engage in business as a "Used Motor Vehicle Dealer" or to sell a used motor vehicle not his own without obtaining a "Used Motor Vehicle Dealer" license.

Primary Dealer- The "Main" business location of a Used Motor Vehicle Dealer

Satellite Dealer- Any "Secondary" business location of a "Primary" Used Motor Vehicle Dealer.

A Used Motor Vehicle Dealer License Application may be obtained from the Arkansas State Police Website (www.asp.arkansas.gov), or by calling 501-618-8600 to have one mailed or faxed.

After completing the application in full (be sure to keep current copies for your records), you may mail the application including payment (made payable to Arkansas State Police) to **Arkansas State Police, Attn: Used Motor Vehicles, #1 State Police Plaza Drive, Little Rock, AR 72209**. Applications will also be accepted in person at the Arkansas State Police Headquarters in Little Rock.

Upon successful review of application, a license will be mailed and a Used Motor Vehicle Dealer Inspector will contact you to set up a date and time to complete an inspection.

Used Motor Vehicle Dealer License Certificates (Primary and Satellite) will be valid for one year (1) from the date of issuance.

If a license certificate has been expired for at least thirty-one (31) days but less than six (6) months then the dealer must remit a late fee of thirty-five dollars (\$35.00) before the application will be accepted. A license certificate that is not renewed within six (6) months of its expiration date is considered permanently expired. If a dealer's license has permanently expired, then the dealer may reapply for licensure provided that the dealer completes an application, required documents, including updated insurance and bond information, and remits all fees pursuant to this section.

The dealership will be required to have a business telephone number listed in the dealership's name, appearing in a local telephone directory or an online directory (ie: yp.com or namesandnumbers.com).

A valid license certificate and Fee Schedule must be obtained from the Arkansas State Police prior to obtaining a "Master (M) Dealer License Plate or Extra (EX) Dealer License Plate" from your local revenue office.

YOU MUST CONTACT THE USED MOTOR VEHICLE SECTION AT 501-618-8600 AND PROVIDE THE NEW DEALER MASTER TAG NUMBER ISSUED BY THE LOCAL REVENUE OFFICE.

**Payment by mail may be made by check, money order or cashier's check
(Made payable to Arkansas State Police)
DO NOT MAIL CASH.**



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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.

Primary Dealer- The "Main" business location of a Used Motor Vehicle Dealer

☐ Primary- (\$250.00) 32001 ☐ Renewal Primary- (\$250.00) R32001

☐ Late Fee - (\$35.00) 32003

Satellite Dealer- Any "Secondary" business location of a "Primary" Used Motor Vehicle Dealer

☐ Satellite - (\$125.00) 32002 ☐ Renewal Satellite - (\$125.00) R32002

☐ Late Fee - (\$35.00) 32003

Current Master Tag Number : _____ Credential Number: _____

Primary Business Name: _____

Satellite Business Name: _____

Business Location Address: _____

City County State Zip Code

Mailing Address: _____

City State Zip Code

Business Telephone #: () Home Telephone #: ()

Cell Phone #: () Cell Phone#: ()

E-mail (Required): _____ Fax: ()

President or
Owner Name: _____ Social Security
(First/MI/Last Name) Number: _____

Home Address: _____

City State Zip Code

Doing Business As: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

This dealership will be ☐ Retail ☐ Auto Auction ☐ Wholesale ☐ Online Auto Sales
operated primarily as:

Receipt Number _____

LITTLE ROCK OFFICE USE ONLY

Date Received:	
Area:	
Expiration Date:	
Processed By:	

BOND AND INSURANCE REQUIRED FOR ALL LICENSE OR PERMIT TYPES:

- ☐ PROOF OF A CORPORATE SURETY BOND IN THE SUM OF AT LEAST \$25,000. **(PLEASE ATTACH CURRENT COPY OF THE SURETY BOND, SURETY BOND PAID RECEIPT OR PAID INVOICE TO THIS APPLICATION).**
- ☐ PROOF OF LIABILITY INSURANCE COVERAGE **(MINIMUM OF \$75,000)** ON ALL VEHICLES TO BE OFFERED FOR SALE IN AN AMOUNT EQUAL TO OR GREATER THAN THE AMOUNT REQUIRED BY THE MOTOR VEHICLE SAFETY RESPONSIBILITY ACT, §27-19-101 ET SEQ. **(PLEASE ATTACH CURRENT COPY OF THE LIABILITY INSURANCE, LIABILITY INSURANCE PAID RECEIPT OR PAID INVOICE TO THIS APPLICATION).**

If doing business as a partnership or a corporation, please list all persons, or entities, having ownership interest in the used vehicle dealership (include complete address(s) and telephone number(s):

1. Name: _____ Telephone Number: _____
(First/MI/Last Name)

Address (City) (State) (Zip Code)

2. Name: _____ Telephone Number: _____
(First/MI/Last Name)

Address (City) (State) (Zip Code)

3. Name: _____ Telephone Number: _____
(First/MI/Last Name)

Address (City) (State) (Zip Code)

4. Name: _____ Telephone Number: _____
(First/MI/Last Name)

Address (City) (State) (Zip Code)

Name, address, and telephone number of the person(s) designated to receive legal process in the event of the commencement of any legal action in any court against the dealership:

1. Name: _____ Telephone Number: _____
(First/MI/Last Name)

Address (City) (State) (Zip Code)

2. Name: _____ Telephone Number: _____
(First/MI/Last Name)

Address (City) (State) (Zip Code)

Names and addresses of all salespersons that will represent the dealership:

1.	_____	2.	_____
	(First/MI/Last Name)		(First/MI/Last Name)
	_____		_____
	(Address/City/State/Zip Code)		(Address/City/State/Zip Code)
3.	_____	4.	_____
	(First/MI/Last Name)		(First/MI/Last Name)
	_____		_____
	(Address/City/State/Zip Code)		(Address/City/State/Zip Code)
5.	_____	6.	_____
	(First/MI/Last Name)		(First/MI/Last Name)
	_____		_____
	(Address/City/State/Zip Code)		(Address/City/State/Zip Code)
7.	_____	8.	_____
	(First/MI/Last Name)		(First/MI/Last Name)
	_____		_____
	(Address/City/State/Zip Code)		(Address/City/State/Zip Code)
9.	_____	10.	_____
	(First/MI/Last Name)		(First/MI/Last Name)
	_____		_____
	(Address/City/State/Zip Code)		(Address/City/State/Zip Code)
11.	_____	12.	_____
	(First/MI/Last Name)		(First/MI/Last Name)
	_____		_____
	(Address/City/State/Zip Code)		(Address/City/State/Zip Code)

USE SUPPLEMENTAL EMPLOYEE FORM TO LIST ADDITIONAL SALESPERSONS

Does this established place of business have a sign identifying the location as a "Used Motor Vehicle Dealership", that is easily seen from the nearest street, road or highway? ☐ Yes ☐ No

Please attach photos to this application (New or Change of location ONLY).

Is the established place of business used primarily for the sale of used motor vehicles? ☐ Yes ☐ No

Have you, or anyone having interest in the dealership, ever been licensed as a new or used car dealer in the State of Arkansas? ☐ Yes ☐ No

If the answer to the above is "yes", please explain: _____

Have you, or anyone having interest in the dealership, ever had a dealer license revoked or suspended?
☐ Yes ☐ No

If the answer to the above is "yes", please explain: _____

Are you a uniformed service member or the spouse of a uniformed service member Stationed in the State of Arkansas?

Yes ☐

No ☐

(Please attach a copy of the active duty orders)

Are you the spouse of a uniformed service member who has been excluded from accompanying that uniformed service member on a tour of duty and have relocated to the State of Arkansas?

Yes ☐

No ☐

(Please attach a copy of the active duty orders)

Are you a uniformed service veteran or the spouse of a uniformed service veteran who resides in or has established residency in the State of Arkansas?

Yes ☐

No ☐

(Please attach a copy of the DD-214)

Are you the spouse of a uniformed service member who has been killed or Succumbed to illness or injury in the line of duty and have established Residency in the State of Arkansas?

Yes ☐

No ☐

(Please attach a copy of the DD-214)

Are you currently receiving: ***(Initial application ONLY, does not apply to renewal applications.)***

A.) Any governmental assistance (Medicaid, SNAP, SSNP, WIC, TANF, LAP)?

Yes ☐

No ☐

B.) Approved for unemployment in the last twelve (12) months?

Yes ☐

No ☐

C.) Do you have an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines?

Yes ☐

No ☐

(If yes to (A) or (B) please attach a letter on letterhead from the program you are receiving assistance. To qualify for (C), please attach the 1st page of your tax return

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:

(First/MI/Last Name)

Date:

(Month/Day/Year)

Signature of Applicant:

(First/MI/Last Name)

Date:

(Month/Day/Year)