



# 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

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

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

Original/Current Company Name: \_\_\_\_\_

Current Owner Name \_\_\_\_\_

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)