



ARKANSAS STATE POLICE

ASP-70
(Rev. 06/12)

Used Motor Vehicle Dealer License Application Form Act 490 Of 1993 As Amended ACA 23-112-601 Through 611

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.

1. A Used Motor Vehicle Dealer License Application may be obtained from local revenue offices, State Police troop headquarters, or by calling 501-618-8618, 501-618-8617 and 501-618-8606 to have one mailed or faxed.
2. After completing the application in full (be sure to keep current copies for your records), mail application including money (made payable to Arkansas State Police) to **Arkansas State Police, Attn: Used Motor Vehicles, #1 State Police Plaza Drive, Little Rock, AR 72209.**
3. Little Rock headquarters will process the completed application packet. If deficiencies are noted in either the application or inspection, you will be given time to make necessary corrections.
4. 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 do an inspection.

Used Motor Vehicle Dealer License Certificates will be valid for one year from date of issuance. The Arkansas State Police will collect a license fee of \$250.00 per year to accompany the application. A dealership with more than one location (satellite) may license additional sites for \$125.00 each. However, each site must make individual application.

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 (\$35.00) dollars 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 and remits all fees pursuant to this section.

A valid license certificate must be obtained from the Arkansas State Police prior to any dealer making application for a "Master Dealer License Plate" from your local revenue office.

Each dealer shall maintain for display in a conspicuous place at the dealer's business location the license certificate issued by the Arkansas State Police.

The established place of business must be used primarily for the sale of used motor vehicles. A building or residence used, as living quarters shall not be considered an established place of business.

The dealership shall have a sign identifying the location as a "Used Motor Vehicle Dealership" and legible from the street, road or highway.

The dealership will maintain a filing cabinet(s) or other repository adequate to secure the business records of the establishment under lock and key or combination.

The dealership will be required to have a business telephone, listed in the dealership's name, appearing in the local telephone directory.

If you did not renew your Used Motor Vehicle License for the previous year, you are in violation of Act 490 of 1993 as amended. You need to correct this immediately.

ATTENTION

-----All New and Renewing Dealers-----

BEFORE applying for a new dealer license, or renewing your existing license, please contact the applicable zoning or ordinance section of the city or county in which your business is located.

There have been significant zoning and ordinance changes enacted throughout the State that relate to the operation of used motor vehicle facilities.

Please contact the local authorities as your first step in applying for a new license, or renewing an existing one.

BETTER SAFE THAN SORRY!!!

**COMPANY APPLICATION INFORMATION
SECTION 1**

- New - 32001 Satellite - 32002 Fine - 32004
 Renewal - R32001 Late Fee - 32003 License - 32005

Current Master Tag Number: _____

Business Name: _____

Business Address: _____

_____ City State Zip Code

Mailing Address: _____

_____ City State Zip Code

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

Cell Phone #: () _____ Fax #: () _____

Owner's Name: _____ Social Security Number: _____
(First/MI/Last Name)

Home Address: _____

_____ City State Zip Code

Doing Business As: Individual Partnership Corporation

**IF DOING BUSINESS AS A PARTNERSHIP OR A CORPORATION LIST ALL PERTINENT INFORMATION IN SECTION 2
OF THIS APPLICATION**

District: _____

Date Inspected: _____
(Month/Day/Year)

By: _____
(UMVD Inspector)

Receipt Number: _____

Active Date: _____
(Month/Day/Year)

LITTLE ROCK OFFICE USE ONLY

Date Received: _____
(Month/Day/Year)

By: _____
(Rank/First/MI/Last Name/Badge#)

FISCAL USE ONLY

**COMPANY APPLICATION INFORMATION
SECTION 2**

**YOU MUST SUBMIT COPIES OF CURRENT BOND AND INSURANCE WITH YOUR APPLICATION IN
ADDITION TO ENTERING THE BELOW INFORMATION**

Corporate Surety Bond Company Name: _____
Corporate Surety Bond Company Telephone: _____
Policy Number: _____
Expiration
Date: _____

Liability Insurance Company Name: _____
Liability Insurance Company Telephone: _____
Policy Number: _____
Expiration
Date: _____

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)

Names of all salespersons that will represent the dealership.

1. _____ 3. _____
(First/MI/Last Name) (First/MI/Last Name)

2. _____ 4. _____
(First/MI/Last Name) (First/MI/Last Name)

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)

**COMPANY APPLICATION INFORMATION
SECTION 2 CONTINUED**

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

Address (City) (State) (Zip Code)

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: _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE SPACE BELOW OR ATTACH AN ADDITIONAL SHEET TO THIS APPLICATION

**USED MOTOR VEHICLE DEALERS APPLICATION AFFIDAVIT
SECTION 3**

Comes now _____, and after being duly sworn on oath states
(YOUR NAME)
that the following facts are true and correct:

1. That the photograph included with this application accurately depicts the proposed business location. (If you already have a picture on file with us and there have been no changes, no picture has to be included with your application)
2. That there is in full force and effect a Corporate Surety Bond in the amount of \$25,000 with original documentation attached.
3. Proof of liability Insurance coverage on all vehicles to be offered for sale as required by The Motor Vehicle Safety Responsibility Act (Ar. Ann. 27-19-101 et. Seq.) that is in full force and covers the current license renewal period with original documentation attached.
4. That the place of business proposed in this application is used primarily for the sale of Used Motor Vehicles.
5. That the place of business proposed in this application has a sign identifying the business as a Used Motor Vehicle Dealership and that the sign is clearly legible from the street or highway.
6. That there is in place at the proposed business location a filing cabinet or other repository to secure business records under lock and key or combination.
7. That any issued Used Motor Vehicle Dealership Certificate will be prominently displayed.
8. That I have reviewed the Used Motor Vehicle Dealership Application accompanying this affidavit and I affirm that all responses given in the application, along with all information provided is accurate and not false or misleading in any respect.
9. 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.

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

PROVIDING FALSE INFORMATION ON THIS APPLICATION IS A VIOLATION OF ARKANSAS LAW AND IS PUNISHABLE TO THE LIMITS AS SET FORTH IN SECTION 11 OF ACT 490 of 1993 AS AMENDED

This form **MUST** be notarized before submittal to the Arkansas State Police. (Notary Seal must be capable of being copied.)

State Of _____ }

County Of _____ }

Subscribed and sworn before me a notary public in and for the county aforesaid

This _____ day of _____, 20 _____

Notary Public Signature: _____ My commission expires: _____
(First/MI/Last Name) (Month/Day/Year)